CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Corners of the Control of	8		
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Sire in above place of death. Hespital, institution, or street address where death occurred Street Re		City or town Day of willen Boud Kt	State County
Street 80. A. St	/	(If outside city or town limits, write RURAL and give nearest town)	City or town. D. alusanulla (Cathel)
Solid Security Number Solid Full Name Solid Security Number Solid Security Number Solid Full Name Solid Security Number Solid Full Name Solid Security Number Solid Full Name Solid Name of Number Solid Name o	1		DA DAVID MAD
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8. (c) hame of husband or wite 5. (c) If allive, give age		(0): (000 ++	
as that I last saw h		6.(b) Name of husband or wife College	11 011 07
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9. Birthplace Town, county, and state) 10. Usuat occupation. 11. Industry or business 12. Hame. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant. Address 17. Cemetery or cremation, or removal. Whicht) 18. Funeral director. 19. Address 20. Signature 2. 21. Hame. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. 18. Funeral director. Address 23. Signature 2. 24. Manual occupation. Due to. Unclude pregnancy within S months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of Injury Injured at work? 23. Signature 2. M. Doorginer			DATION DE GASTI
10. Usual occupation 11. Industry or business 12. Name		10000 # 500	
Due for conditions. 11. Industry or business 12. Hame		9. Birthplace Jays Operale Mong Mong	Due to
11. Industry or business 12. Name		7	darlyre of all the function
Other conditions		10. Usuat occupation	Due p. J. physical Titleman.
(Include pregnancy within 3 months of death) 14. Maiden name 15. Birthplace 16. Informant Address 17 (Burlat, cremation, or removal. Which?) Cemetery or crematory Location Location Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Address 23. SIGNATURE M. Doorsther			John Cardon Caring, J. 17
(Include pregnancy within 3 months of death) 14. Maiden name 15. Birthplace 16. Informant Address 17 (Burlat, cremation, or removal. Which?) Cemetery or crematory Location Location Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Address 23. SIGNATURE M. Doorsther		# 12. Name Denseul	Other conditions
15. Birthplace 16. Informant Address Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sutcide, or homicide. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, sutcide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Address 23. SIGNATURE. M. Doorgher M. Doorgher		13. Birthplace	
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Address PHYSICIAN: Please underline the cause to which death should be charged statistically.		351 15. Birthplace	Date of op
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17. (Burlal, cremation, or removal. Which?) Cemetery or crematory. Location		Address Day & Wil	
(Burlid, cremation, or removal, Which?) Camelery or crematory. Location		Busica 1 11629-47	22. VIOLENCE: If death was due to external causes, fill in the following;
Location Loc		(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Location Loc		Cemetery or crematory Monocleely	Where did injury occur?
18. Funeral director Willie Blanch Brown tnjury tnjured at work? Address Same State State State State Anoung M. Dorogher 19. 14. 28. 1947 Manual State State Same State State Same State		13000000000000000000000000000000000000	
18. Funeral director Address Address 23. SIGNATURE STATUS Nounselles M. Poorther A. C. Bruck Dawson M. Poorther Of Bruck Dawson M. Poorther		Location	
19 14 28 1947 Machina Company & Company Downson M. Proceptor Company of the Compa		18. Funeral director 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	means or miner
19 14 28 1947 Machina Company & Company Downson M. Proceptor Company of the Compa	1	Address Duril availe mad	(ItTIM X H MUSDIUS)
19 July 8 19 fleather of the Contract of Contract of the sol		6 30 13/11/19/18/1	23. SIGNATURE. M. Doorsther
Registrar Registrar Registrar		19 () () () () () () () () () (Address F. G. Boydo - Dowson Street Md Clar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correction is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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AUG 30 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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FOR BINDING

JARGIN RESERVED

(Date rec'd by registrar)

CERTIFICATE OF DEATH

216

				Reg. Dist. No	J
1. PLACE OF DEATH: County Montgomery City or town (If outside city or town timits, write RURAL and give nearest town) How long in above place of dealh? Hospilal, institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? 15 days			2. USUAL RESIDENCE (HOME) 01 (For newborn infants give residence of a State	aly	<i>V</i>
3. (a) FULL NAM	ME AMB	ERG, Edward Melvin		3. (b) Social Security	Number
4. Sex Male	5. Color or race W-US	6.(a)Single, married, widowed, or divorced married	MEDICAL CE	ERTIFICATION	, 1 9:25 A
6.(b) Name of husban 7. Birth date of deceased (mo., day	1 W	ty Amberg 	2 / UUL y	47 10 12 August	
8. AGE: Years Months Days If less than one day 27 5 11			Due to Essential Hyperto	hemanhage	3 nos 3 nos 4 yes
12. Hame AMBERG, Otto dec. 13. Birthplace Finland 14. Maiden name TUMBERG, Ida dec.			(Include pregnancy within 3 r Major findings of operations Bilsterol.	bur hole in	ebull -5-47
Solution Solution			Autopay results	hich death should be charged uses, fill in the tollowing; Date of (County)	statistically.
	11th St., S	AMBERS &	Means of Injury H. C. MESSERS 23. SIGNATURE USNH Bethesda, Md	CHMIDT, Lt. (jg	or other 8-12-17

RECEIVED - AUG 20 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46d 1

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
countyMontgomery	State Maryland County Montgomer	Z		
City or town				
How long in above place of death?	City or town Silver Spring (If outside city of town limits, write RURAL and give n	earest town)		
Hospital, Institution, or street address where death occurred:	Street No8502. Georgia Ave			
How long in hospital or institution?	2.(a) If veteran, name war			
	3. (b) Social Security Number			
3. (a) FULL NAME				
JOHN ANDREAS 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	214-03-81	57		
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
male white married	20, DATE DF DEATH August 16th 19.47	at 10100 B		
8.(b) Name of Sportforwise Clara Andreas	21. I CERTIFY that death occurred on the date above stated; that I attended de-			
E (e) If alive give see	8-7-45 to 8-16-4			
7. Birth date of	and that I last saw hImallve onAugust10.tm			
deceased (mo., day, yr.) Sept. 23, 1876 8. AGE: Years Months Bays It less than one day	Immediate cause of death			
o. Auc.	CONGESTIVE HEART FAILURE	2_days		
70 10 23hrsmin.	-			
9. Birthplace Baltimore Md. (Town, county, and state)	Due toHypertension and generalized			
10. Usual occupationRetired butcher	arteriosclerosis 5 yr			
	Due to Left hemiplegia 2 yrs			
11. Industry or business	A			
12. Name John A. Andreas	Diher conditionsCarcinoma.of rectum			
13. Birthplace Germany	(Include pregnancy within 8 months of death) Major findings of operations			
14. Maiden nameRosa. Theophel				
15. Birthplace Germany				
16. Informant Mrs. Clara Andreas				
Address 8502 Ga. Ave., Silver Spring, Md.				
	22. VIOLENCE: If death was due to external causes, fill in the following;			
17. Burial (Burial, cremation, or removel, Which?) Date thereof Aug. 19, 1947 (month) (day) (year)	Accident, suicide, or homicide			
Cemetery Constant Prospect Hill Cemetery	Where did injury occur?	Where did injury occur? (City or town) (County) (State)		
Location Washington, D. C.	Injured at home, farm, industry, public place (where?)			
	Weans of Injury Injured at work?	/		
18. Funeral director. Maxina & Pumplicay	0/11	6 /11/		
Address Silver Spring, Md.	- 1000/Aservas	RULL		
Gerald and Jacket Arlander	23. SIGNATURE M. D. or other			
19. (Date rol'd by registrar) 19 4) possibility Kluster	Address 8005 Woodbury Dr., S.S., Md Bate signer	8/16/47		



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 214

L. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Silver Spring, Md. (Rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1/13/46 - 8/8/47	state Washington, D. C		
How long in above place of death? $1/13/46 - 8/8/47$	(If outside city or town limits, write RURAL and give nearest town)		
Nospital, Institution, or etreet address where death occurred:	Street No. Shoreham Hotel		
Ten 13 1046- Aug 8 19	(If rural, give LOCATION)		
How long in hospital or institution? Jan. 13, 1946- Aug. 8, 1	(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Lucretia E. (Kingston) Ash			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female white widow	20. DATE OF DEATH AUGUST 8, 1947 19 8 21 AM N		
8.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan. 13, 1946		
7. Birth date of October 26 7 267	and that I last saw h. er alive on August 7, 1947 19		
deceased (mo., day, yr.) October 26, 1867	Immediate cause of death		
70 30 30	Cerebral Hemorrhage lyear		
	6 mos.		
8. Birthplace Buffalo, New York (Town, county, and state)	Due to Cerebral Arteriosclerosis 26 ds		
18. Usual occupation housewife	Bue to Chronic Myocarditis		
11. Industry or business			
12. Name TOHN ROBERT MURPHY 13. Birthplace ROME, N. Y.	Other conditione		
	(Include pregnancy within 8 months of death)		
14. Malden name TRELAND L. Murphy 15. Birthplace TRELAND	Major findings of operations.		
	Date of op,		
16. Informant CEDAR CROFT SANOTORIUM	Autopsy results		
Address SILVER SPRING-(Ruzal)			
17. Remou 3 Bate thereof A U. 8, 1947	22. VIOLENCE: It death was due to external causes, fill in the following; Against Bate of		
(Buy Compton correctival, Which?) Cemetery or crematory. Cemetery or cremato	Where did injury occur?		
Location Work, 26	Injured at home, tarm, inductry, public place (where?)		
18. Funeral director Martin W. Hysong Co.	Means of Injury Injured at work?		
1	0.0,0-101		
Address 1300 N-St., N.W WHSH., D.C.	23. SIGNATURE Suche and D. Sail anderson 1964		
(Date rec'll by registrar)	address ldar and Santania Bate signed 18-47		



Evidence for the change age is shown on	Of MARYLAND STATE DEPARTMENT OF HEALTH
PLAN NO. G 112 AUG 25	

Barbara A. Bagnam 6.(a) Single, married, widowed, or divorced

If less than one day

(month) (day) (year)

widowed

Chevy Chase, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... Hospital, Institution, or street address where death occurred:

5. Color or race

6.(b) Name of husband or wife.....

white

none

William Arnold

Unknown

Unknown Phillip C. Arth

Washington, D. C

Address 2 Magnolia Parkway

Cemetery or crematory Congressional

Sept. 28.

Baltimore, Maryland
(Town, county, and state)

Date thereof...

How long in hospital or institution?.....

3. (a) FULL NAME

deceased (mo., day, yr.)

female

8. AGE:

9. Birthplace.

10. Usual occupation... 11. Industry or business

14. Maiden na 15. Birthplace

14. Maiden name

13. Birthplace Unknown

Burial (Burial, cremation, or removal, Which?)

(Date rcc'd by registrar)

1	1	1-09	- 8	1.4	"
1	1	6	3.	4	ii.

Reg. Dist. No.

_	
1	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State
	City or town Chevy Chase, Maryland (if outside city or town limits, write RURAL and give nearest town) 2 Magnolia Parkway
i	Street No. (If rural, give LOCATION)
	2.(a) If veteran, name war.
-!	3. (b) Social Security Number
	MEDICAL CERTIFICATION
	20. DATE OF DEATH august 11 1947 at 4:40 AM
	21. I CEBNFY that death occurred on the date above stated: that Lattended deceased from
	July 24 1947, 10 Chan 1/ 1947
	and that last saw h. D. alive on Quality 10 19 47
:	Immediate cause of death
	Cerebral hromoonia / ocays
-	a a constant
	Due to Ac Like Hole
	Due to
	Due (c.
	Diher conditions
	(Include pregnancy within 3 months of death)
	Major findings of operations.
-	Date of op.
	Antopsy results
-	22. VIOLENCE: If death was due to external causes, flil in the following:
	Accident, suicide, or homicide
	Where did injury occur?
	Injured at home, farm, Industry, public place (where?)
	Msens of Injury Injured at work?
	E 4/0, 1, 1/2 - 1 - 1,01 mg
	23. SIGNATURE M. D. or other
	Address 1912 - P. St. NW. Date signed 8/11/47

ly every item of information carefully. The convite the causes of death clearly and legiply. ADING INK. Supply Physicians: please wr important. PLEASE WRITE PLAINLY, is especially



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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CERTIFICATE OF DEATH

()7144 Reg. Diat. No. 2/2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County County	(For newborn infants give residence of mother) State County County
City or town	1 1 1 1 1 1
How long In above place of death?	City or town (if outside city or town limits, write RURAL and give nearest town)
Mospilal, institution, or street address where death occurred:	Street No.
Now long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
Katherine Vergin	in Baker Transe
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Willowed	20. DATE DE DEATH Quy 10-19 47, 21 4 20 P.M
6.(b) Name of husband or wife Walter B Baker	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	aug. 8-1947 10 aug 10-1947
7. Birth date of	and that I last saw h exhalive on Cragal 10-19 47
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of Jenth DURATION
69 9 19hrs. min	Critical Ministragi 2 days
9. Birthplace Soco Marc (Town points, and state)	Due to
10. Usual occupation. It will be will be	
11. Industry or business	Due to
12. Name Cuntis Combher	
Z 13. Birthplace U.A.C.	Diher conditions
M X' AA LL. O /	(Include pregnancy within 3 months of death)
	Major findings of operations.
S 15. Birthplace	Date of op
18. Informant Illury Duter	. Autopsy results
Address Dietaspoon, md	22. VIOLENCE; If death was due to external causes, fill in the tollowing:
17. (Burial, cremation or removal, Which?) Date thereof Cle (month) (day) (year)	Accident, suicide, or homicide
(month) (day) (year)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Control Contr	Injured at home, farm, Industry, public place (where?)
18. Funeral director. White the Company of the Comp	Means of injury Injured at work?
Address barnespile mo	Brim S. brhile lind
10 8/11/47 10 Mrs. C.C. Hilton	23. SIGNATURE M. D. or other
(Date red'd by registrar) 19. M. W. B. Begristrar	Address Carolesule Md Date signed 8/11/47

AUG 23 1947

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(17145) Reg. Diat. No. 216

•	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	2 0 D. C.
Cily or town	State
How long in above place of death?	City or town
Hospital, tostitution, or street address where death occurred:	Street No. 2633 Whilly Place N. W
Aff capital View Rd	(If rural, give LOGATION)
How long In hospital or Institution? None	2.(a) If veteran, name war NO
3. (a) FULL NAME	3. (b) Social Security Number
Teorge a. Ballar	578-03-8139
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. Comp. 18 47 21 ? P.
Control Dollard	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife. Gertrude J. Ballard.	Dep med ged 100 100 11
7. Birth date of 3.5 3.7 3.7 3.7 5.0 3.5	and that I/ast saw halive on
deceased (mo., day, yr.) March 1, 1915	Immediais cause of death
8. AGE: Years Months Days If less than one day	· Junel
32 5 16 min.	Carfon monocicle formy leng.
9. Birthplace Orange County, Virginia (Town, county, and state)	Due to
	Survelle
10. Usual occupation Fed. Works Agency-Detective	Due to
11. Industry or business Fed. Works Agency	DUS 10-
12. Name. Thomas A. Ballard In Sirthplace England	Dther conditions
3. Birthplace England	
Lillie Garrett	(Include pregnancy within 3 months of death)
14. Maiden name Lillie Garrett 15. Birthplace Orange County, Virginia 16. Informant Charles W. Ballard	Major findings of operations.
El 15. Birthplace Offallg, e Coultby, Vilginia	Date of op.
16. Informant Charles W. Ballard	Antopsy results
Address 2828 31st, SE, Washington, D.C.	
Burial Boto thereof August 23,194	22. VIOLENCE: If death was due fo external causes, fill in the following:
Burial Date thereof August 23,194 (month) (day) (year)	Accident, suicide, or homicide. Service Lacks. Bate of Service Market Ma
Cemetery or crematory Ft. Lincoln Cemetery	Where did injury occur? (City or town) (County) (State)
Location District Line, D. C.	Injured at home, farm, industry, public place (where?)
11 Koubry Junh brees	Means of Injury Injured at work?
18. Funeral director Bethesda, Maryland	Frank O. Browhart M. J.
Address Bethesda, Maryland	23. SIGNATURE M. D. or other
19. S/22 1947 Men & Julea (Date rec'd by registrar) Ragistrar	a. b. of other
(Date rec'd by registrar) Registrar	Address Jackhershing Mg Date signed 1 - 21-47

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARGIN RESERVED FOR BINDING

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AUG 28 1947

BURFAT CA

2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

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	Dist.	D.T	21	0
80.	LJINE.	INO.		

	Reg. Dist. No.
1. PLACE OF DEATH: Montgomery City or town Be the sda (rural) City or town (If outside city or town timita, write RURAL and give nearest town) How long in above place of death? 6 mos 1 day Hospital, Institution, or street address where death occurred: U. S. Naval Hospital, Bethesda, Maryland How long in hospital or Institution? 6 mos 1 day 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State Louisiana County New Orleans (If outside city or town limits, write RURAL and give nearest town) Street No. 223 Metairia Lawn (If rural, give LOCATION) 2.(a) If veteran, name war. WW I & II
BENNETT, Arthur Ray	
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH 14 August 19 47 at 2:50 A
8.(6) Name of husband or wife Mrs. Clara Bennett 6.(c) It alive, give age years 7. Birth date of 7. The 1880	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-13- 19. 47, to 8-14- 19. 4
7. Birth date of deceased (mo., day, yr.) 1 July 1889	and that I last saw h imalive on 8-14-
8. AGE: Years Months Days If less than one day 58 1 13	Immediate cause of death Multiple myeloma DURATION 1 yr ?
9. Birthplace Kentucky 10. Usual occupation Retired 11. Industry or business 12. Name Samuel Bennett 13. Birthplace Kentucky, deceased 14. Maiden name Oma Schultz 15. Birthplace Kentucky, deceased 16. Birthplace Kentucky, deceased 17. Birthplace Kentucky, deceased 18. Wife: Mrs. Clara Bennett	Due to
16. Informant Wife: Mrs. Clara Bennett Address 223 Metairia Lawn, New Orleans, La. 17. removal (Burial, cremation, or removal, Which?) Cemetery or crematory. New Orleans, Louisiana Location. New Orleans, Louisiana	Actopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Wm. Reuben Pumphrey Address 7557 Wisconsin Ave., Bethesda, Md. 19. 8-11- (Date rec'd by registrar) 19. 47 Muley Charlotte State Control Registrar	Means of Injury Injured at work? Talsonature F. D. CONLIN, LTJG MCR USNR M. D. or other Address. USNH, Bethesda, Md. Date signed. 8-11-17

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PLEASE WRITE PLAINLY, is especially

REPOLL VED
SEP 25 1947

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Moulgomery .	(For newborn infants kive residence of motified)
City or town	State of County Office of the County of the
How long in above place of death?	City or town (If outside city or town limits, write RURAL and rive nearest town)
Hospital, institution, or street address where death occurred:	PIT - Maithur
V	Street No
low long in hospital or institution?	2.(a) If veteran, name war
(a) FULL NAME	3. (b) Social Security Number
Army Bradle	y Boluss none
Sex 5 Color or race 6.(a)Single married, widowed, or divorced	MEDICAL CERTIFICATION
Mala Joffer This of	
que Ruici Widowed	20. DATE DE DEATH. LUGUETTE 20 1947 at Ce le M
5. (b) Name of husband or wite alice May Potulion Bother	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
(c) If alive, give ageyears	1947 to College 2 1947
Right date of	and that I last saw to Shippy alive on all gust 20 1947
accesses (med any) 3.13	Immediais cause of death, DURATION
. AGE:	Crebral apopley Hday
0	
Birthplace Bellesda - Mouto Co- Md.	Due to arterio scleroses
- (LOWII, COUNTY, MIND PLACE)	
1D, Usual occupation — Larmer V	Due to
1, Industry or business	
12. Name John Boline	Other conditions. Chrismus Valoulus
13. Birthplace (Ballinger May Jane	heart disease.
14. Maiden name Colonabete Priso How	(Include pregnancy within 3 months of death)
	Majur fiudiugs uf uperatiuus.
15. Birtholace Helmsylvaira Daugelle	Date of op.
16. Informant & by abelle M. V Dollie - Natigue	Autupsy results PHYSICIAN: Please underline the cause tu which death should be charged statistically.
Address R. + D- Stallers burg - Mary and	
7. Burial Date thereof - Jug 30/47	22. VIOLENCE: tt death was due to external causes, till in the following;
(Burial, cremation, or rematal witch)	Accident, suicide, or homicide
Cemetery or crematory to charelle limbe four.	Where did Injury Occur?
Location No- Pockviels - Mary fand	Injured at home, farm, Industry, public place (where?)
120 0 1 10	Means of Injury Injured at work?
18. Funeral director 60 M. Freeten Tung Tury	0
Address Rockvelle - manylaged -	23. SIGNATURE TO Hartley M.D.
8.29 47 () Pylana	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) legistrur	Address Kocksorth Mc Date signed 8/29/47

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2411 N. Charles St., Baltimore

47 C X

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

? K .S

216

Reg. Diat. No.....

CERTIFICATE OF DEATH

			CERTIFICA
Adw long in above place Hospital, institution, or	omery esda (rur utside city or town of death? 7 street address where	days e death occurre	RURAL and give nearest town) d: losda, Maryland
How long in hospital or $3.(a)$ FULL NAMI	Institution?7	days	
4. Sex	WDEN, Ray	6.(a)Sing	le, married, widowed, or divorced
male	white		widowed
deceased (mo., day, y 8. AGE: Years	Months	Days	tf less than one day
tD. Usual occupation 11. Industry or busines	nknown s		
12. Name W11			
	Hanah Hu New York		
	-		y B. Denny
Address16 Bu	rns St.,		hington, D.C.
(Burial, eremation			8-25-47 (month) (day) (year)
Cemetery or cremato	ry Ft. Lin	coln	
Location		aryland	
18. Funeral director	W. W. Cha	mbers (io. ESJ
Address 517 1	1th St.,	SE. Was	shington. D.C.
19. 8-2	19 47	Mary	Charlotte Smith

BINDING

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ADING INK. Supply every item of Physicians: please write the causes

WITH UNFA

State		
City or town. Washington (if outside city or town limits,	write RURAL and give neares	t town)
Street No.		
Street No		
2.(a) It veteran, name war		
. 1	3. (b) Social Security Nu	mbar
	J. (0) Docial Deculty Na	and of
MEDICAL CER	RTIFICATION	
20. DATE OF DEATH	st19.47>s	10:05P
21. I CERTIFY that death occurred on the date above 16 August 19 19 23 and that I last saw h 23		
Immediate cause of death Bronchogen with Metastases to Lym Liver, Adrenals and Bo	phatics,	DURATION
Due to		
Due to		
Other conditions Diabetes Melli		
(Include pregnancy within 3 mo		
Major findings of operations		
	Date of op	
Antopsy results Same above. PHYSICIAN: Please underline the cause to which	***************************************	
22. VtOLENCE: tf death was due to external cause		
Accident, suicide, or homicide	Date ot	
Where did injury occur?(City or town)	(County)	State)
tojured at home, farm, Industry, public place (whe		
Meens of injury	Injured at work?	
JO ONYON 23. SIGNATURE J. B. BRYAN.	Injured at work?	1
23. SIGNATUREWYP	M. D. or	other

Address USNH, Bethesda, Md. Date signed 8-24-47

AUG 29 1947

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0			
			216
Par	Dist	No	210

CERTIFICAT	TE OF DEATH Reg. Dist. No. 216		
X. PLACE OF DEATH: County. Montgomery City or town. Be thesda (rural) City or town. (If outside city or town limits, write RUKAL and give nearest town) How long in above place of death? 20 days Hospital, institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? 20 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State		
3. (a) FULL NAME BOXBERGER, George "J"	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced wildowed	MEDICAL CERTIFICATION 20. DATE DF DEATH		
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4 August 19 117 to 21 August 19 14 and that I tast saw h important cause of death DURATION		
9. Birthplace	Due to.		
12. Name BOXBERGER, George &c.	Other conditions (Include pregnancy within 8 months of death)		
14. Maiden name LWOSE, Margaret dec. 15. Birthplace Germany	(Include pregnancy within 8 months of death) Major findings of operations. Bale of op.		
Address 50 Glen Car Avenue, New Rochelle, N.Y	BUYCACIAN. Bloom a desting the same to which doubt should be charged statistically		
(Burial Burial Bate thereof B-26-17 (month) (day) (year) Cemetery or crematory Arlington National Arlington, Va.	Accident, suicide, or homicide		
Address 3072 M St., N.W., Wash, D.C., Many Charlotte Smith	Means of Injury Injured at york? 23. SIGNATURE C. H. C. SHUTH, CCT. ME USN M. D. or other M. D. or other		

RESERVED FOR BINDING

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(Date rec'd by registrar)

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9-45-15

VS A15

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 217

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomery	State Maryland county Montgomery
City or town	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street Ho. 17 = 2
The Mantgamery County General Hospita	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mis. Dorothy Kimball	Bryan 217-12-4921
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH. August 14 18 47 at 11:50 PM
8. (b) Nama of husband or wife Mr. Francis T. Bryan	21. I CERTIFY that death occurred on the date above stated; that I sitemded deceased from
	\$1/4/ 19/17, to, 8/19/ 19/1/
7. Birth date of	and that I leat saw h. 21 all ye on Stal 11/
deceased (mo., day, yr.) December 24, 1923	Immediato cause of death Suffaction DURATION
8. AGE: Years Months Days If less than one day	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
23 / 20hrsmin.	4
9. Birthplace Mash in a ton T. C. (Town, county, and state)	Due to Casperole of Ford enlo
	Bronelia Berry
10. Usual occupation HONSEWAXE	Due to Title anomither 3 min
11. Industry or business Home,	
12. Hame Gearge Kimball	Other conditions
12. Hame Pearge Kimball 13. Birthplace Arlingtor , Va.	
	(Include pregnancy within 3 months of death)
14. Malden name Mary Knight 15. Birthplace Ruckville, Maryland.	Major findings of operations Low Hough alerge of
21 15. Birthplace VIOCKVIIIE, VILLEY,	Antopsy results to the Fire Tuckie
18. Informant to Spital recox 65	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	
17. Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, filt in the following:
	Accident, suicide, or homicide
Cometery of crematory BURTONSVILLE UNION	Where did injury occur?
Location BURTONSVILLE MONTG. CO-MO	Injured at home, farm, industry, public place (where?)
18. Funeral director Wanne & Cumpaney	Means of tnjury injured at work?
	land!
Address DILJER SPRING. MO.	23. SIGHATURE
19. 8-16- 19 47 De Judets Lawle,	Lende A M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed O / 1 4/



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and the formation of the control of

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEA	ATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	tgomery			State Maryland County Montgon	nerv
City, or town	utside eity or town	limits, write R	URAL and give nearest town)	ounty	
How long in above place	of death? 23	yrs.	***************************************	City or town	nearest town)
Hospital, Institution, or	street address where	e death occurred		Street No. Non.e.	
None	7/7	ne		(If rural, give LOCATION)	
How long in hospital or	Institution?	/116	***************************************	2.(a) It veleran, name warSpanish-American	
3. (a) FULL NAME				3. (b) Social Secur	ity Number
LYNN	M. CAM			None	American Street
4. Sex	5. Coior or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	Ma	rried	20. DATE DF DEATHAugust 5	7 at 7:30P
6.(b) Name of husband	or wite Laura	a Clar	k Campbell	21. I CERTIEY that death occurred on the date above stated; that I attended to	
			e) tf alive, give age .6.5years	afril 2 4 19 47 10 assign	19.47
7. Birth date of deceased (mo., day, y	. May 9	. 1869	,	and that I last saw him alive on the first	19
8. AGE: Years		Days	It less than one day	Immediate cause of death	
78		277	hrsmin.	Uramia	untenan
		1 2/	1		
9. BirthpiaceCu	mberland (Town	eounty, and	y Lan d	Due to the try lands	
1D. Usual occupation				R les le	
11. Industry or business		an Com	nany	Due to	*******
Titl Industry of Contract			hell	Rither conditions	0400410
	Iontgome	_			
E To. Bittiplace 1	Filen I	Via mand	er	(Include pregnancy within 3 months of death)	
14. Maiden name	T-1-1-1	nag, Luu.	6.1	Major findings of operations.	
14. Maiden name W 15. Birthplace	Maryland	1		Date of op	
16. Informant Lau	ra C. Ca	amphel	1	Autopsy results.	•
Address Nor	beck, Ma	arylan	d	PHYSICIAN: Please underline the cause to which death should be char-	ged statistically.
. Burial		Pote these	Aug. 5.1947	22. VIOLENCE: If death was due to external causes, fill in the following:	
17 Burial (Burial, cremation,	or removal, Which	Date there	(month) (day) (year)	Accident, suickle, or homicide Date of	
Cemetery or cremator	"St. Mai	rks Pr	ot. Epis.Ch.Ce	Where did injury occur?	(State)
Location Hig	hland, l	Maryla	nd	Injured at home, farm, Industry, public place (where?)	
18 Funeral director	Wm. Reu	ben Pum	phrey	Means of injury tojured at work?	
	esda, Ma			4	
Address 2001	The state of the s	, <u> </u>	5 P OI	23. SIGNATURE / Exment of Dyson	D. or other
19. 8 - 6	19.4.7.		W. Thompson		A . /
(Date rec'd by reg	gistrar)		V Registrar	Address Date sign	ed aug 4x7

WITH UNFADING INK. Supply every item of information carefully. The correctinge important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING WRITE PLAINLY, is especially

PLEASE



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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L/PLACE OF DEATH: Montgomery County Bethesda (rural) Cily or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? 2 months, 21 days Hospital, institution, or street address where dealh occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? 2 months, 21 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) N.J. State
3.(a) FULL NAME CARLTON, Granville, Michaux	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male W-US single	MEDICAL CERTIFICATION 20. DATE OF DEATH. 9 August 19 47 21 7:22 P.
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 18 May 19 L7 10 9 August 19 L7 and that I last saw h im alive on 9 August 19 L7 Immediate cause of death MULTIPLE SEPTIC DURATION
8. AGE: Years Months Oays It less than one day	LUNG ABSCESSES 2 MOS-
9. Birthplace	Due to
13. Birthplace Va. 14. Maiden name WILKENSON, Ida dec. 15. Birthplace Va. 16. Informant Sister: Mrs. Louise Batemen	(Include pregnancy within 3 months of death) Major findings of operations. Autopsy results. (SAME AS ABOVE)
Address 410 Bellgrove Drive, Arlington, N.J. 17 burial Date thereof 8-13-47 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Arlington National Location Arlington, Va.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
18. Funeral director W. W. CHAMBERS	Means of Injury Injured at work? 23. SIGNATURE J. B. BRYAN, Lt. (jg) (MC) USN M. D. or other USNH Bethesda, Md. Onle signed 8-10-47

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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AUG 18 1947 BUREAU, V.S.

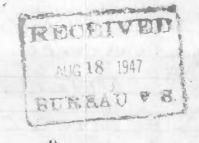
CERTIFICATE OF DEATH

SILLER JARINAS MA	USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
or town	City or town WASA NATON OS C (If outside city or town limits, write RURAL and give nearest town) Sireet No. 22.36 ChesTer ST. S.E. (If rural, give LOCATION) 2.(a) If veteran, name war. 3.(b) Social Security Number
or town	City or town WASA NATION (If outside city or town finite, write RURAL and give nearest town) Street No. 22.36 ChasTar ST S, E (If rural, give LOCATION) 2.(a) If veteran, name war 3.(b) Social Security Number
(If outside city or town limits, write RUFAL and give nearest town) long in above place of death? lat. institution, or style address where death occurred: Lat.	City or town Washington National Control of
long in above place of death?	(If rural, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number MEDICAL CERTIFICATION
lial, institution, or state address where death occurred: 7.68 long in hospital or instit(ii) n?	(If rural, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number MEDICAL CERTIFICATION
ong In hospital or institution?	2.(a) If veteran, name war. 3. (b) Social Security Number MEDICAL CERTIFICATION
a) FULL NAME Charity Cator 5. Color or race 6. (a) Single. married, wildowed, or divorced	MEDICAL CERTIFICATION
Charity Cator 5. Golor or race 6. (a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
	A. 12 19U7 14
	A. 12 19U7 14
enale while widowed	20. DATE OF DEATH COUGH 12. 19 19 19 19 19
No. of the state o	
Name of husband or wife William Cator	21. I CERTIFY that deathrocourred on the date above stated: that I attended deceased from
	19.7 10. 11
irth date of	and that last saw h alive on the same alive of t
	Immediate cause of death
AGE: Years Months Days If less than one day	Crebral Newswage 10
	There are the standard was
Birthplace SILVER HILL MERYLANG (Town, county, end state)	Due to.
Usual occupation touse wife	V
	Due to
Industry or business	
12.	Other conditions
13. Birthplace Kly	(Include pregnancy within 3 months of death)
14. Maiden name FL. Za beth CLif Tony 15. Birthplace Md.	Major findings of operations.
15. Birthplace Md	Date of op.
ELWARD CETAR	Antopsy results
Address 117-36 ST. NE	PHYSICIAN: Please underline the cause to which death should be charged statistically
Audress / / / / / / / / / / / / / / / / / /	22. VIOLENCE: tf death was due to external causes, flit in the following:
Burlal, cremation, or removal, Which?) Bate thereof	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
	Injured at home, farm, Industry, public place (where?)
ocation	Means of injury injured at work?
Funeral director William Zo	000 1
Address 2007 - nicholo arl se.	23, SIGNATURE C PRyland
Tue 13 11/2 Careling Should	23. Signalune M. D. or other
(Date rcc'g by registrar)	Address Date signed Date

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CEDTIFICATE OF DEATH

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Reg.	Dist.	No.		<i>[</i>	

~	2411 N. Charl	es St., Baltimore
3	CERTIFICAT	TE OF DEATH Reg. Dist. No. 2/7
on carefully. The correlarly and hegibly	County Pan 190 Mery City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? Hospilal, institution, or street address where death occurred: The Nort goursery County Openeral Hospi	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nawborn infants give residance of mother) State Mary land County Most gomery City or town (1f outside city or town limits, write RURAL and give nearest town) Street No. A 3 - (1f rural, give LOCATION)
tion cle	How long in hospital or instilution?	2.(a) If veteran, name war
information of death cle	3.(a) FULL NAME Edwa Claggett	3. (b) Social Security Number
	4. Sex 5. Color or race 8.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION
tem of	Female Col. Married	20. DATE OF DEATH A 4 9 4 5 + 19 - 19 +7 , all 139 5 - 11
WITH UNFADING INK. Supply every item important. Physicians: please write the caus	8.(6) Name of husband or wite. Allison Claggett 7. Birth date of deceased (mo., day, yr.) Suive 241 1923 8. AGE: Years Months Days If less than one day 24 1 25 hrs. min. 9. Birthplace. (Town, county, and state) 11. Industry or business Home 11. Industry or business Home 12. Name Howard Thomas 13. Birthplace Montg. Co. Maryland 14. Maiden name Dec. 21 en Cook 15. Birthplace Montgomery Co. Maryland	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19 10 19 19 10 19 19 10 19 10 19 10 19 10 10 10 10 10 10 10 10 10 10 10 10 10
	16. Informant /102 p. i + 9 / records	Aatopsy results.
ILY	Address s	PHYSICIAN: Please underline tha cause to which death should be charged statistically.
TE PLAINLY, is especially	17. Burlai, cremation, or removal. Which?) Cemetery or crematory. Dale thereof. (mont) (day) (year)	Accident, suicide, or homicide
WRIT	Location Dandy Sprish J. M. d.	Injured at home, farm, industry, public place (where?)
PLEASE W	16. Funeral director	Meane of Injury Injured at work? 23. SIGNATURE Share

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SEP 6 1947

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07155 Reg. Diat. No. 218

1. PLACE OF DEA	TAT	ontg, Co,	2. USUAL RESIDENCE (HOME) (For newborn infanta give residence of	OF DECEASED:	
City or town	emant OWI utside city or town I of death? street address where		Street No		
How long in hospital or			2.(a) If veteran, name war		
3. (a) FULL NAME		Louise Clements,		3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL (CERTIFICATION	
Female	White	Single	20 DATE OF DEATH Aug 6th	h 19.47 at 1-40P	
6.(b) Name of husband 7. Birth date of deceased (mo., day, y	Se		21. I CERTIFY that death occurred on the date a	above stated; that I attended deceased from	
8. AGE: Years 1858 88		20 If less than one day	freart fail		
1D. Usual occupation 11. Industry or business 12. NameP.	House	Lle Md county, and attate) Keeping nry Clements Md, Ellen Bell Md.	(Include pregnancy within	Selection 3 months of death)	
				Date of op	
	rs Will Germanto	iam C. Gloyd	PHYSICIAN: Please onderline the cause to	which death should he charged statistically.	
17. Burist (Buriat, eremation Cemetery or cremator	al , or removal, Which: St Ma	plate thereof 8/9/47 (month) (day) (year	22. VIOLENCE: It death was due to external of the control of the c	Date of	
Location		ille, Md,		(where?)	
	ERNEST	C, GARTNER rsburg Md,	Manage of Industry	Harles M. D.	
19. Que	8 19 4 7	alsuda Il ac	Address Rockwill	M. D. or other M. D. or other Date signed 8 /7/4-7	

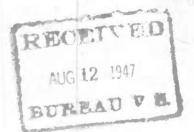
PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The discount is especially important. Physicians: please write the causes of death clearly and regibly.

PLEASE WRITE

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2411 N. Charles St., Baltimore

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PLAINLY, WITH UNFADING INK. Supply every 10. Is especially important. Physicians: please write the causant

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CERTIFICATE OF DEATH

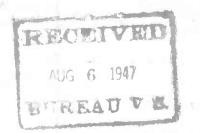
/	Nog. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County MONT GOMERY	State MARYLAND County MOINTSAINERY
City or town	
How long in above place of death?	(If outside city or town limits, write ULAL and give nearest town)
Subur by a Hospital 8600 Old George Town	Street No. 8560 Chara in Cocation)
linw long in hospital or institution?	2.(a) If veteran, name war
FULL NAME	3. (b) Social Security Number
CRISMOND, MARY A	Chone
4. Sex 5. Color or race 8.(a) Shgie, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white lydowed	20. DATE OF DEATH 19.47 23:40 PM
8.(b) Name of husband or wife How Ry W. CRISMOIDE	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased. 6.(c) It alive, give age years	aug 2 1947 10 aug 3 18 1947
7. Birth date of deceased (mo., day, yr.) March 2, 1859	and that I last saw h.C. alive on the transfer of the same of the
8. AGE: Years Months Days If less than one day	Immediate cause of death and attended Tuning DURATION
88 5 14min.	
KNOKUILLE TENN.	Due to Napportensión
8. Birthplace (Town, eounty, and state)	
10. Usual occupation towa MALA	Due to
11. Industry or business	
12. Name Henry Peacocle	Dther conditions
12. Name Janey Peacock 13. Birtholace Vizaine	(Include pregnancy within 8 months of death)
14. Malden name Marcia Ruddy 15. Birthplace Vixaria	
	Major findings of operations.
21 15. Birthplace Ostabolica	
18. Informant Mas Dadel Greamand	Antopsy results
Address 8560 Sarraia Over, S.S., Md.	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
U 4 . o.'. o	and the second s
Cemetery or cromotory	
Location door Device 10a.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director. Warner & Pumpking	Means of Injury Injured at work?
Herri Gilver Spring, Md.	23. SIGNATURE III B DOCS M. D
10 8/18 1047 mm & boles	M. D. or other
19	Address Lucitor V to pelaste signed alleg



		CLRTIFIC	ATE OF DEATH Reg. Dist. No	a
1. PLACE OF DEATH: Montg, Co,			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
			State	
(If c	ootside city or town limits,	write RURAL and give nearest town)	City or town	
How long in above place	ot death?		City or town(if outside city or town limits, write RURAL and give	nearest town)
Hospital, Institution, og	STeet address where death	occurred:	Street No.	
		•••••	(If rural, give LOCATION)	
How long in hospital or	r Institution?	***************************************	2.(a) If yeteran, name war	
3. (a) FULL NAM	E		3. (b) Social Securit	ty Number
	Georg	e Washington I	Darby	
4. Sex		(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
	White	Married		
Male			20, DATE OF DEATH Aug 3rd 1947	at 11.50J
	or wife Evelyn	W, Darby	21. I CERTIFY that death occurred on the date above stated; that I attended do	
		UG	Mank 1 19.547 10 ang	3 19×7
	•••••	6.(c) It alive, give age	years and that I last saw han alive on alive on	
7. Birth date of deceased (mo., day,)	vr.) A	ug 11 1891		
8. AGE: Years		Days If less than one day	Immediate cause of death	DURATION
o. Adl.	4			1/2
18 91 5		22hrs.	min. acute myorandities	22
O. Blathalasa	Washington.	D C,	Due to	
10 Usual occupation	Stock For	man, [Clerk)		
	11	4.4.	Due to	
11. Industry or busines			CT	2 1/2 4 4
里 12. Name	414 4	Darby	Bther conditions, lasteres schlesses	1
13. Birthplace	Md,		(Include pregnancy within 3 months of death)	3/1/47
	Ester P C	askin	(Include pregnancy within 3 months of death)	
王 14. Maiden name.	Md		Msjor findings of operations	
Ester P Gaskan 14. Maiden name Md, 15. Birthplace			Date of op	
	Evel vo w	Darby	Autopsy results.	
16, Informant			PHYSICIAN: Please noderline the cause to which death shoold he charge	ed statistically.
Address	Gaithersbu		22, VIOLENCE: It death was due to external causes, till in the following:	
Burial 17. (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)				
(Burial, cremation, or removal, Which?) Cemetery or crematory. Forest. OakCemetery.		(month) (day) (year)		
		ak Cemetery	Where did injury occur?	(State)
Location Gaithersburg Md,				
19 Funeral disector	Ernest C.	Gartner	Means of injury Injured at work?	
	Gaithersb		100	
Address	AGT OHOL'SD	urg mu,	23 SIGNATURE J. Sissehart M	.0.
/1	il un la	La 1 1 4/0	M.	D, or other
19/11/19	4 1947 le	Regis	strar Address Gusthershary Mo Date sign	ed 8.4-45

MARGIN RESERVED FOR BINDING

ASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS



CERTIFICATE OF DEATH

Reg. Diat. No. 217

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Monday The	montant montanes.
City or town	State County Color State None KD, Color Stelle mg
Now long in above place of death?	(If outside city or town limits) write RURAL and give nearest town
Hospital, institution, or street address where death occurred:	Street No. Street No. Street No. Street No.
	(If rural, give MOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Maggie Davamport	rione
4. Sex 5. Color 1 (ace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
temple Coloud Widowed	20. DATE DE DEATH 23 19.9.7 , 21.3.1.5 A.M.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Diff Med 2000 19 10 19
7. Birth date of 0.0 1-9 1883	and that I Lot saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
o. Ads.	
1hrsmin.	Henonhage ISm
9. Birthplace (Town, county, and state)	Due to Polistantian of the formand
(Town, county, and state)	anteres and sure (st)
10. Usual occupation.	Due to
11. Industry or husiness	
# 12, Name tellen mous	Other conditions
12. Name	
	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations
El 15. Birthplace	Date of op
16, Informanth Runtle	Autopsy results. Additional Control of the Control
the out of the sold of the	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Cook Horse 100 Colored 100	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burish, cremation, or removal, Which?)	Accident, suicide, or homicide
I V. ALER	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory	(City or town) (County) (State) Injured at home, Jarm, Industry, public place (where?)
Location	A A STATE OF THE S
18. Funeral director Cobert Li Anombe	Means of Injury Gran Shot injured at work? Ro
D . 6 . 1/2 320 1/	Frank & Broochant M. D.
Address / Address	23. SIDNATURE M. D. or other
19. 8-23-19 HT Gentude Jawley	My There has med pair signed y-23-4.
Registrer	Address Ulas Signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 716

	Reg. Dist. No.
1. PLACE OF DEATH: County MONT GOMERY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County M.D.M.T.G.O.IA.R.Y. City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 9.30 G.L.E.M.M.L.E.R.Q. (If rursl, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war
3.(a) FULL NAME BYBOY DAVIS	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20 6 5 5 A
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4.7., 10. 2.4.5. 19. 4.7. and that I last saw h
9. Birthplace	Oue to. PRFMDTURE SIEPARDION Oue to.
12. Name LESTER T DITVIS 13. Birthplace Unknown 14. Malden name JSABELB PREY 15. Birthplace BROMEL W. VA	Other conditions. PREMDIX KAITY (Include pregnancy within 3 months of death) Major findings of operations. Date of op.
Address Address Address GLENNVICE Rd To Cremation (Burial, cremation, or removal, Which?) Cemetery or crematory Location Washington, D. C. 18. Funeral director Address Bethesda, Maryland 19. (Date rec'd by registrar)	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

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WRITE

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VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH 950

2411	N.	Charles	St.,	Baltimore

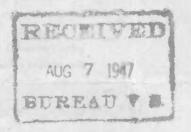
CERTIFICATE OF DEATH

correct/age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
I	County Darcoma Carre.	State had. County or Tec	9 .
1	City or town	11 - 74	
11	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest	town)
	Hospital, Institution, or street address where death occurred:	Street No. 4303 - arragut.	
	som q Villa ouvelled home	(If rural, give LOCATION)	/
	How long in hospital or institution? 3 mon.	2.(a) If veteran, name war	V
	3. (a) FULL NAME	3. (b) Social Security Num	nher
	HARRY E. DAVI	3	
	4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
	nale white widowed	20. DATE OF DEATH. August 4 19.47 at-	5:20 P
	Chi a Vayman & Rivish	21. I CERLIFY that death occurred on the date above stated; that I attended deceased	
	6.(b) Name of husband or wife	A 11	19.21.7
Ш	7. Birth date of	and that I fast saw (1). M. alive on	
1	deceased (mo., day, yr.) may 9, 1858		DURATION
	8. AGE: Years Months Days If less than one day	Immediaiu cause of death	126.
	89hrsmin.		
	Et : Dalila landilla		
	9. 8irthplace (Town, county, and state)	Due to	
	ha .		,
	1D. Usual occupation.	Due to	
	11. Industry or business		
	# 12. Name Li Lland	Other conditions Anderson schools place the second	!
1	13. Birthplace nas	of one	
	El Betsy Read	(Include pregnancy within 8 months of death)	
	14. Maiden name Setsy Cead 15. Birthplace Vernont.	Major findings of operations	
	El 15. Birthplace	Date of op	
	16. Informant mas flora C. Wares	Autopsy results	
	Address 303 Farraget st. Ryaltsigle had	PHYSICIAN: Please underline the cause to which death should be charged stati	stically.
	A 1947	22. VIOLENCE: If death was due to external causes, fill in the following:	
	(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	****************
	To all the and Name	Where did Injury occur?	Parka)
	Cemelery or crematory		ate
	Location Ly answer no.	Injured at home, farm, Industry, public place (where?)	
	18. Funeral director A Jasch's Jons	Meens of Injury Injured at work?	
	e 18. It GOAL h.	10/h. A 1/.	h
	Address y answer y and	23. SIGNATURE IV M. M. C. Manyon M.	٧.
	11 4 1047 AFROMORDEGO	MX D, or ot	
	19. M. farming	Address 1) 3. Cappad At A.W Bate styned P.	4-41



2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 216

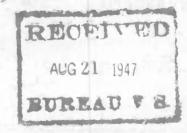
1 PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Ml. County Mongomy
Cily or town. (If outsign city or town limits, write RURAL and give nearest town)	
How long in above place of death? 16 yrs	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 4700 Hunt are.
	(If rural, give LOCATION)
How long in hospilal or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
ZULA GUINN	DAVIS.
Sex S. Color or race S.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W. WIDOW	20. DATE DE DEATH August 19th 1947 at 1 P.
8.(b) Name of husband or wife FRANKLIN HILL DAVIS	21. I CERTIFY that death occurred on the date above stated; that I attended decsased from
TUNE 28 1893 6.(c) If all ve. give age	august 12, 1947 19 10 august 19 1947
T. Birth date of	and that I last eaw h. Cre alive on
deceased (mo., day, yr.) June 28, 1893	Immediate cause of death
3. AGE: Years Months Days If less than one day	Carcinoma of utorus
54hrsm	
Birthplace HUNTSVILLE ARK,	Due to
(Town, county, and atate)	928 (0
10. Usual occupation AT HOME	
	Due to
11. Industry or business TAME H GUINN	Ne P de ations
C L. Danis	Dither conditions De-hydration
	(Include pregnancy within 3 months of death)
14. Malden name NANCY STOTTS 15. Birthplace ARK.	
ARK.	Major findings of operations.
200 2/4	
8. Intermant Place	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Addressaltly Kock Cirp.	
Burial Bate Stores 8-20-4	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, eremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicida, or homicide
Cemetery or crematory	Where did injury occur?
Layetteville Oxk	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director. Dos Sawley Same	Means of Injury Injured at work?
Address 175 6 Penn Que M.W. wash . D.C.	2000
ABBITESS / O DISCOURT STATE OF THE STATE OF	23. SIGNATURE & A.A. D. Caracter
19 8/19 19 47 //m 6 Johns	Richards 14 Manufactor 10 11
19. (Date ree'd by registrar)	rar Address Address Alluda H Mary and Date signed Mig. 7, 19

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9-45-15

VS A15



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			CERTIFICA	TE OF DEATH	Reg. Dist. No. 7	23-
1. PLACE OF DEATH: County			AL NEAR and give town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Washington County D.C. City or town District Of Columbia. Ward No. (If outside city or town limits, write RURAL NEAR and give town) Street No. (If rural give LOCATION) 2(a) IF VETERAN, NAME WAR 3. (b) Social Security Number		V
			NNIE L DAY.			
4. Sex Female	5. Color or race White		married, widowed, or divorced	MEDICAL C	ERTIFICATION	A. a. 2:40
6 (b) Name of husband or with Ira C. Day.				21. I CERTIFY that death occurred on the date a January 31st	bove stated: that I attended decease 1	ed from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years				and fhat I last saw her alive on Aug Immediate cause of death Carcino Ovary, metastases	ma of the	DURATION NKNOWN
9. BirthplaceMa. 10. Usuat occupation	SS. (Town, o	ounty, and ata		Oue to		
12. Name Amo	s Crane.	lass.		Other conditions Hypertensive	cardiac disease	-13/1
14. Malden name	Unknown.	ass.		(Include pregnancy within Major findings:		PHYSICIAI Please under fhe cause to w deafh should be charged stalist cally.
18. Informant Joseph Cavanaugh Address 17. Burial. (Burial, cremation, or removal, Which?) Cemetery or crematory Arlington National Cemetery. Location FT Myer Va Arl Co. 18. Funeral director Sills or Arlington			Cenetery.	Of autopsy 22. VIOLENCE: If death was due to external of Accident, suicide, or homicide Where did injury occur? (City or town injured at home, farm, industry, public place Means of injury	causes, filt in the following: Dale of	(State)
Address 5732 19	- 47	ve N.W.	Hom Noal	23. SIGNATURE TWO	M. D. or t, S.W. Date signed.	

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RECEIVED

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DURATION

2 20 0	2411 N. Charle	ea St., Baltimore 50	
T = 1	CERTIFICAT	TE OF DEATH	Reg. Dist. No. 2/3
The egibly.	1. PLACE OF DEATH: County Oulg Drussy Cily or fown. (If outside sity or town flings wrigh RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF I (For newborn infants raive residence of motors and the state of t	DECEASED: Moulgome
on carefully, clearly and l	How long in above place of death? Hospital, institution, or street address where death occurred:	City or town (If outside city of town limits, w	PILE RURAL and give hearest town)
	How long in hospital or institution? 3. (a) FULL NAME	2.(a) If veteran, name war	3. (b) Social Security Number
ormati	Beulah Q. Doi) E	None
m for	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Single	MEDICAL CER	TIFICATION 13 447 48-
Z .= 0	6. Name of husband or wife.	21. I CERTIFY that death occurred on the date above the second of the se	slated: that I attended deceased from
FOR B	7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h	19 DURA
CRVED FOR Supply please wr	68 5 ?	CARCINOPO OF	600
RESE G INK cians:	9. Sirthplace	Oue to.	13h *31 57
4 E	11. Industry or business 12. Name	Other conditions	
VITH UNI	14. Maiden name Leucy Dolodow 15. Birthplace Flint Well-Virginia	(Include pregnancy within 3 mor	nths of death)
2	16. Informant Mrs. Summet Dove - Siefer in Pace	Autopsy results	a death should he charged statistically.
PLAINLY,	Address 10 7 - Yock St - Yock Percelle - Mc - 17. (Burial, cremation, or remove) Which?) Date thereot. (monyh) (day) (year)	22. VIOLENCE: If death was due to external cauces Accident, suicide, or homicide	
9.45.15M WRITE P	Location De. Po charelle Union Cane.	Where did injury occur?(City or town) Injured at home, farm, industry, public place (where	(County) (State)
SE OT	18. Funeral director 20m. Router Cincholusing	Meane of injury	school at work?
VS AI	Address Pockselle Pau Taught 19. 8/15 19. 47 Whaterer of by registrar Physistrar Physistrar	23. SIGNATURE BY Address Address Back Fills	Leaf expositions



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

e /	CERTIFICAT	Reg. Dist. No.
ation carefully. The corth clearly and legibly.	1. PLACE OF DEATH: County (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State 433 DMASTAMCounty City or town 11 Outside city or town limits, write RURAL and give nearest town) Street No. 433 JMASTAM (If rural, give LOCATION) 2.(a) If veteran, name war.
of information ses of death cle	4. Sex 5. Color or race 6.(a) Single, married (widowed) or divorced WINOWED	MEDICAL CERTIFICATION 20. DATE OF DEATH angust 26 1947, at 11.15 Am
ADING INK. Supply every item Physicians: please write the cau:	8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended decessed from August 16 ts 4), to Aug 26 19. // and that I last saw h 22 alive on August 18. // Immediaio cause of death Candian respiratory DURATION Parties Due to Due to
WITH UNFAI	12. Name. RICHARD OLEARY 13. Birthplace / R-ELDND 14. Maiden name MARGARET JUHN 15. Birthplace IRELDND	Other conditions. Une planed Alarchea three welk months ly. (Include pregnancy within 3 months of death) Major findings of operations. Date of op.
E PLAINLY, Wis especially i	16. Informant M RS DH. GASS Address 443 40 MAST N, Wf 17. (Burial, cremation, or removal, Which?) Cemetery or crematory. Date thereof (month) (day) (year)	Autopsy results
PLEASE WRITH	Location Nashington 16 6. 18. Funeral director 16 4 16 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	tnjured at home, farm, Industry, public place (where?) Means of Injury Injured at work? Address. 43 43 Clanenpart St. N. Y. Bate signed Ang 26,184.

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AUG 27 1947

BUREAUFS

2411 N. Charles St., Baltimore

DURATION

CEDTIFICATE OF DEATH

CERTIFICA	ATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County. Mantagame My City or town. She he said. (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death?. Hospital, institution, or street address where death occurred: Dung. Rea 1. Hoggs, ta. 8600 Congeto How long in hospital or institution? 3.9 Hoves	2. USUAL RESIDENCE (HOME (For newborn infants give residence) State City or town (If outside city or town li Street No. 57 (If rural, 1) 2.(a) tf veteran, name war.	county County mits. write RURAL and give nearest fown) give LOCATION)
3. (a) FULL NAME Hermina Hermina Label 4. Sex 5. Color or race £ (a) Single, married, midawad, or disparced	schein	3. (b) Social Security Number CERTIFICATION
F W MARRIEQ 6.(6) Name of husband or wife The odore Edelschei	1 1 1	above stated; that I attended deceased from
T. Birth date of deceased (mo., day, yr.) APRILT 1902 8. AGE: Years Months Days It less than one day 45 41 45 41 45 41 45 41 46 47 47 47 47 47 47 47 47 47 47 47 47 47	Interprete cause of death acceptong.	Goling DUR
9. Birthplace	Due to.	des and
11. Industry or business 12. Name	Diper conditions of words	y colera de la
15. Informant And Market Recolu	Autopsy results	Date of op.
Address 17 Bureal (Burial, eremation, or removal. Which?) Cemetery or crematory falling ton Nat. Com.,	22. VtOLENCE: tf dealh was due to externa Accident, suicide, or homicide	Date of
18. Funeral director The S.H. Hinls do Address 2901 14th. St. N.W	Injured at home, farm, industry, public place Means of Injury	
19. Glate rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	23. SIGNATURE	tentro M. P. Cata

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PLEASE WRITE

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CEPTIFICATE OF DEATH

,		CERTIFICAT	Reg.	Diat. No.	
1. FLACE OF DEATH: Montgomery Bethesda (rural)			2. USUAL RESIDENCE (HOME) OF DECEASE (For newborn infants give residence of mother)):	
Bethesda (rural)			State D. C. County	•••••	
City or town			City or town	L and give nearcat town)	
Hospital, institution, or	street address where	death occurred:	Street No. Victory Hotel (If rural, give LOCATION)		
		, Bethesda, Maryland			
		66 days	2.(a) It veteran, name war		
3. (a) FULL NAM		Richmond "C"	3. (b) So	cial Security Number	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICA	TION	
male	white	widowered	2D. DATE OF DEATH 30 August		
	or wife		21. I CERTIFY that death occurred on the date above stated; that	3-30- 19 Li	
7. Birth date of	2 Maria		and that I last saw h im alive on 8-30-	19Li	
deceased (mo., day,)	,,	ember 1887	Immediate cause of death	DURATION	
8. AGE: Years		Days It less than one day 28min.		l week	
9. Birthplace	Alabama	county, and state)	Due to ascending pyoureter and		
39	(Town,	county, and state)	pyonephrosis following a left		
			uneterosigmoidostomy done bec	ause	
11. industry or busines			of advanced carcinoma of the		
		ngton	uminany: bladder		
		deceased	(Include pregnancy within 3 months of deat	h)	
置 14. Maiden name.	Cordelia	Arnett	Major findings of operations Carcinoma of urinary bladder		
2 15. Birthplace	Alabama	a, deceased	. Da	ite at op	
14. Maiden name Cordelia Arnett 15. Birthplace Alabama, deceased 16. Informant Daughter: Mrs. Mary Presley Address Presley La., E. Riverdale, Maryland 17. burial Date thereof 9-4-47 (Burial, cremation, or removal, Which?) Cemetery or crematory Arlington National Cemetery			Autopsy resultCarcinoma bladder, pyc	nephrosis	
			22. VIOLENCE: If death was due to external causes, till in the	-10	
			Where did injury occur?		
Location Arlington, Virginia			Injured at home, farm, Industry, public place (where?)		
18. Funeral director	W. W. Char	abers Co. 1913	Means of Injury Injury	ed at work?	
Address 5801	Cleveland	Ave., Riverdale, Md.	3 SIGNATURE T.N.QUILTER, LTJG M	AC USNR	
19. 8-31 (Date rec'd by registrar) (Date rec'd by registrar) Registrar			HOME DAAL J. M.		

ADING INK. Supply every item of information carefully. I. Physicians: please write the causes of death clearly and legi BINDING FOR MARGIN RESERVED

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WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

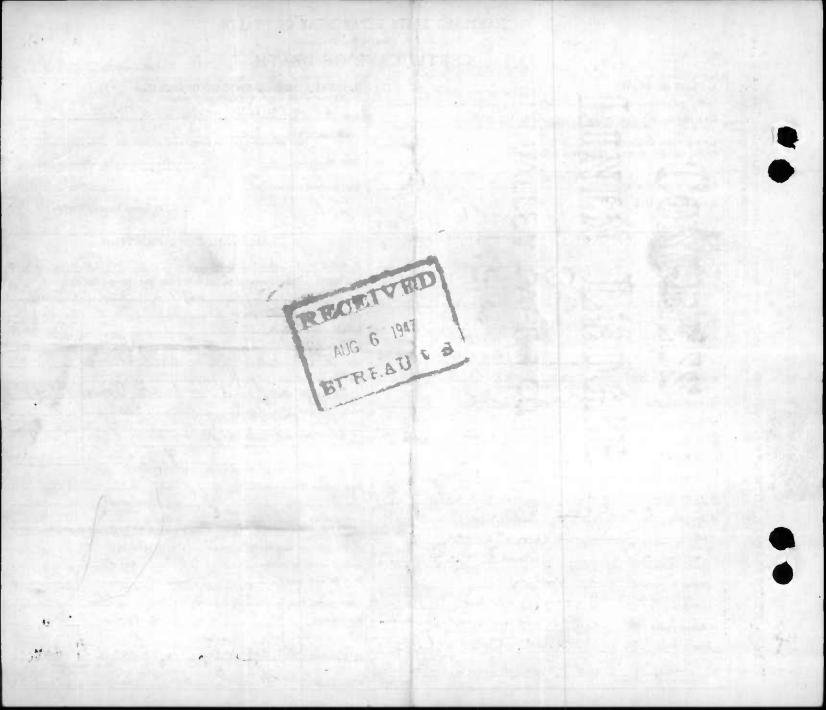
2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

CERTIFICATE OF DEATH Reg. Dlat. No.		
1. PLACE OF DEATH: County Manual County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give relidence of mother)	
City or town (If outside city or town/limits, write RURAL and give nearest town)	state Mongland and Thomsomen	
How long in above place of death?	City or town (if outside city or town mits, write RURAL and give nearest town)	
	(If rurai, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3.(a) FULL NAME Stabelly Stevenson	3. (b) Social Security Number	
4. Sex 5. Color or race b.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE DF DEATH	
6.(6) Name of husband could Charles Elles	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of	and that I last saw h/2 alive on Suly 3/1 19/1 7	
8. AGE: Years Months Days tfless than one day	Immediate cause of death DURATION	
47hrsmin.	Coronay Trombosis	
9. Birthplace (Town, county, and state)	Due to My ocarding wanting 1941	
10. Usual occupation. Archive	Due to Hypertensens ?	
E 12. Name Charles magnide	Dther conditions 7	
# 14. Malden name Course Howking	(Include pregnancy within 3 months of death)	
14. Malden name	Major findings of operations	
16. Informant Charles College	Autopsy results	
17 Devia Pate thereof dup. 4 1947	22. VIOLENCE: If death was due to externat causes, fill to the following;	
(Burial, cremation, or removal Which?) (month) (day) (year) Cemetery or crematory	Accident, suicide, or homicide	
Location mt 3 cm and;	injured at home, farm, Industry, public place (where?)	
18. Funeral director	Means of Injury Injured St. work?	
Address 246.n. Wook. St. Crckvelle	23. SIGNATURE Set Level M.D. or other	
(Date rec'd by registrar)	narrell and my and 3 1941	



CERTIFICATE OF DEATH

Dist No 223

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: Codity City or town. City outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: TWASHINGTON SANITARIUM How long in hospital or institution? Bay FLOEGEL Bales Bay FLOEGEL	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH August 9 19 47 217:30 p
8. (b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) August 9, 19 K 7 8. AGE: Years Months Days If less than one day hrs	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 8-9-47 11. 19. 19. 19. 19. 19. 19. 19. 19. 19.
10. Usual occupation 11. Industry or business 12. Name	Due to
14. Malden name MARGARET LUCILLE KOHLER 15. Birthplace Boulder, Coho RADO	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Interment WAS HOSPITAL Address TAKOM A PARK 12 MARGLAND 17. Surial, cremation, or regroval. Which?) Oate thereol. (mooth) (day) (year)	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Lyalland Muniford 18. Funeral director Laure Makeur Matters Address 254 Cawall M. Dalling M. H.	Where did Injury occur?
19. (Date fee'd by registrar) (Date fee'd by registrar) (Date fee'd by registrar)	Address 1/3 Curve St M Date signed 9-42

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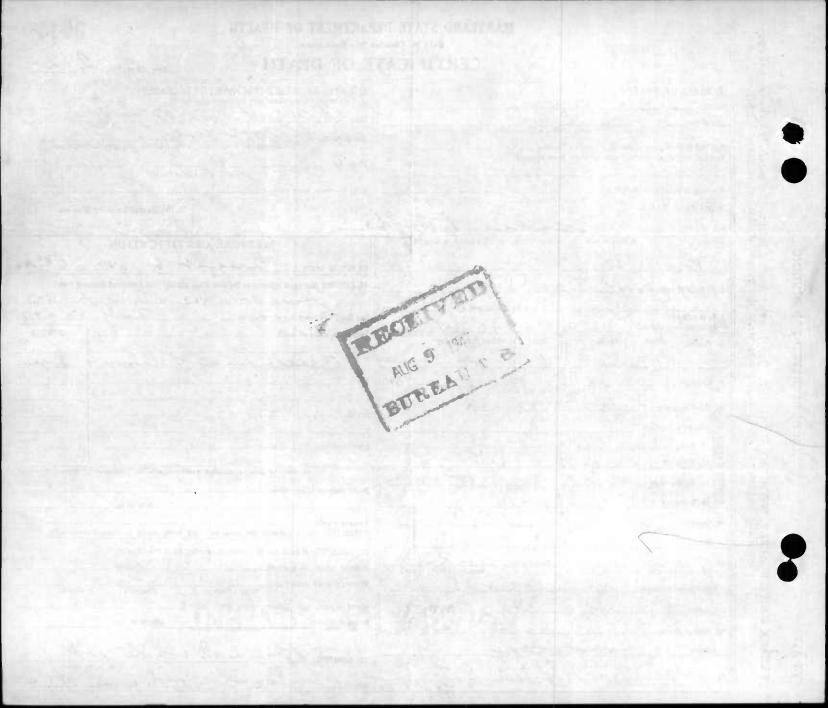
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

07170 Reg. Dist. No. 2/2

1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How tong in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No (If rural, give LOCATION) 2.(a) If relevan, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Isaa- Fyll	e none.		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divolved	MEDICAL CERTIFICATION		
711 711			
m w married	20. DATE OF DEATH. August 6- 19.47, at 6 Am		
8.(6) Name of husband or wife . Seller	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth dale of	2nd that West saw h - 19.47 to Aug. 6 - 19.27		
deceased (mo., day, yr.) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
8. AGE: Years Months Days If less than one day			
73 2 9hrsmin.	Carenoma Thin I mo-		
9. 6 bribplace To allo rally most of Co. V.S.	Due to.		
10. Usual occupation Tetre & January	Due to		
11. Industry or business			
12. Name day 13. Birthplace	Other conditions.		
14. Matden name Mary Office	(Include pregnancy within 3 months of death) Major findings of operations		
15. 8 Irthotace Man and	Qate of op.		
16. Informant Muss Vife wice Fig. 10	Autopsy results		
Address vesille not	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Barisi, cremation, or removal. Which?) Date thereof (month) (may) (your)	Accident, suicide, or homicide		
Cemetery or cremalory	Where did injury occur?		
Location Beells ville, Sho	Injured at home, farm, industry, public place (where?)		
18. Funeral director. William B. Lind	Means of tnjury Injured at work?		
12 - A A	0 0 0 0 0 0		
Address Co.	23. SIGNATURE / Syran d, White, Mrs.		
(Date reved by registrar)	Address Porterille, Ind. Date signed 8/7/47		



(1)ch ree'd by registrar)

MARYLAND STATE DEPARTMENT OF HEA

Hen \$15 Film y 424 N. Charles St., Baltimore

Reg. Dist. No ... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County // World (If outside city or town limits, write RURAL and give nearest town) Hew leng in above place of death?. Hospital, institution, or street address where death occurred: (If rural, give LOCATION) How long in hespital or institution? 2.(a) If veteran, name war... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 7. Birth date of and that I last saw h.alive en. deceased (me., day, yr.) DUBATION 8. AGE: thrambosis 10. Vaual occupation. 11. Industry or business 12. Name 2. L 13. Birthplace Carcinomatosis matosis of abdomen (Include pregnancy within 3 months of death) 14. Maiden na: Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Date thereof Asserting (month) (day) (year) (Burlal, cremation, or removal, Which?) Accident, suicide, er homicide. Where did injury occur? (City or town) (County) injured at heme, farm, Industry, public place (where?) Means of Injury Injured at work?

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

7	5	2411 N. C	charles St., Baltimore	59		
1 00		CERTIFIC	CATE OF DEATH	Reg. Dist. No.	¥.7	
1. PLACE OF DE. County Montg City or town. O IN	omery	Land imits, write RURAL and give nearest town)	(For newborn infants give resi	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mary land County Montgomery		
How long in above place Hospital, institution, or The Most 190 How long in hospital or	of death?street address where	death occurred:	Street No. R = 5 - (If re	s burg wn limits, write RURAL and give no Emary Grove aral, give LOCATION)		
3. (a) FULL NAM		Ho	elland	3. (b) Social Security	Number	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDIC	AL CERTIFICATION		
male	col.	3129/e.	20 NATE OF DEATH AUGUST	- 30 1947	6:30 A	
8,(b) Name of husband			21. I CERTIFY that death accurred on th	e date above atated; that I attended dec	eased from	
7. Birth date of			and that I last saw hem alive on.	August 30	19.4.7.	
8. AGE: Years		Days If less than one day	Immediate cause of death		DURATION	
9. Birthplace	s -	Howard Duvall Grove, Marylan	Due to			
~	Emory Emory	1-1 11 1	(Include pregnancy			
16. tnformant	1 1	records.	Autopsy results. PHYSICIAN: Please underline the ca	use to which death should he charged	atatistically.	
17. C. KON (Burial, cremation	otion, or removal, Which	Date thereof 8-30-147		Date of		
Cemetery or cremato	aly	by, rid	***************************************	place (where?)	(State)	
18. Funeral director	John	y and upt	Meens of Injury 7 23, SIGNATURE	Injured at work?		
19. Aug	30 1947	Gertudis La	strar Address Sandy Sh	vive Md. Date stoned	8/30/41	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Rog. Dist. No. 2/2

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Nontgonery	
City or town	State County DT TG
How long in above place of death?	City or town (if outside city or town limits, write RURAL and give nearest town)
Rospital, Institution, or street address where death occurred:	
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
3.(a) FULL NAME	3. (b) Social Security Number
Annie I lary 1011ang	1/672
4. Sex 5. Color or race 6.(q/Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W married	20. DATE OF DEATH SUC9 - 23. 1947 at 9130 P. M
(1 - (D) + - (1) - (1)	21. LCERTIFY Ahat death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wite	July - 31- 14) 10 Aug-23- 1949
8.(c) It alive, give age 7.2 years	1 1 . Aug (22 . 4)
7. Birth date of deceased (mo., day, yr.) Oct - 27-1875	and that I dast saw n.x
8. AGE: Years Months Days If less than one day	Immediate cause of death Duration Duration
7/ /n 5min.	www.
	Alleria Della seia - 1MI-
9. Birthplace Suck (Town, count, and state)	Due to Allow Pourou
14 . C. D. M. F.	
13. Usual occupation /touse VII te	Due to
11. Industry or business	
E 12. Rame John Micholson	Other condition farmely many ments
12. Kame Ohn Micholson	ang Oglycolema month,
Manshalahara and	(Include pregnancy within 3 months of death)
E 1	Major findings of operations.
15. Birthplace	Date of op
18, Informant Ja D + 18 110/10774	Autopsy results.
Address Comus Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
District	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Date thereof (honth) (dge) (year)	Accident, suicide, or hemicide
Manageacil	Where did injury occur?
Cemetery or crematory	
Location Ded 18 VIII C	Injured at home, farm, Industry, public place (where?)
18. Funeral director Million B. Hilton	Means of Injury Injured at work?
13 Md	Mill. So Will ann
Address Dornes VIII e, 110	23. SIGHATURE LEWIAM O. Miller, 1917
13. aug. 25 18 47 Mrs. C. C. Stello.	Anithusburg Mo. M. D. or other
(Dato rec's by registrar)	Address Date signed Date

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 21

City or town(1f of the control	Highland Kenwood State of the state of death? Street address where r institution?	Md imits, write R	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
3. (a) FULL NAM	E	Et	Houghton hlÿn H. Gunn	elli	
4. Sex	5. Color or race		married, widowed, or divorced	MEDICAL CERTIFICATION August 23- 47 at	N
5.(b) Name of husband or wife. 5.(c) If alive, give age. 7. Birth date of deceased (mo., day, yr.) May 11, 1883				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.45 to 3 19.4 and that I last saw h	1.7
9. Birthplace	Housew	Bays By Wis county, and a	If less than one dayhrsmin. CONSIN tato)	Due to.	
13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant	Charles Milwauke Emma A. Michigan hn H. Gu	ee, Wi Sweet n nnell	sconsin	Other conditions	,_ 43
Duri (Buriai, cremation Cemetery or cremate Location 18. Funeral director Address	al , or removal, Which? /// Arli	Date there	National Megistrar Special Superior Special Superior Su	22. VIOLENCE: tf death was due to external causes, fill in the following; Accident, suicide, or homicide	4.1

AUG 28 1947
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

/-			2411 N. Chai	les St., Baltimore 390		
			CERTIFICA	TE OF DEATH	Reg. Dist. No. 2	16
City or town (17 outs) How long in above place of the Hospital, institution, or structure US Naval	mery Bethesda ide city or town li death? eet address where Hospital	mits, write in 2 day death occurre	d: esda, Md.			
			, William Roger			
4. Sex 5	W-US		ie, married, widowed, or divorced single	MEDICA 20, DATE OF DEATH Augus	L CERTIFICATION	2 A
8.(b) Name of husband or 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years			(c) If alive, give ageyear 16, 1917	21. I CERTIFY that death occurred on the d 26 August and that I last saw him alive on	1947 to 28 Au	g19
29	8	12	·hrsmir	Perfore sed go	ostronia	unde
9. Birthplace		county, and Resta	atate) urant	Oue to Rocky Mo	- Spotted	Undi
置 12. Name HUNGE	RFORD, Wi	lliam	C.	Other conditions K.U.L.	Julimonia.	24
14. Maiden name 15. Birthplace	PEDDICOR Md.	D, III	lian	Major findings of operatious		line ale
			n.C. Hungerford	Autopsy results. Autopsy results. Physician: Please gundring the cause 22. VIOLENCE: If death was due to extend	mour, per for te ero, which death should be charged KUL juckers	d gas statistically.
17. burial Date thereof 8-31-47 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory. Cedar Grove Cemetery				22. VIOLENCE: If death was due to exter Accident, suicide, or homicide	Date of	(Chat-a
Location	Cedar Gro	ve, Md		injured at home, farm, industry, public pl		(State)
	Layt ensvi 28 ₁₉ 47	lle, M		23. SIGNATURE . H. F. SINC	GLETON, Lt. (jg) M. Md. Date signed	USNR or other 8-28

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VS

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 46d

CERTIFICATE OF DEATH

	A A
Rog. Diat.	No.

1. PLACE OF DEATH: County, MONT GOMARY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town SALUEA SPRINGS (If outside city or town limits, write RURAL and give nearest town)	State MARYCAND County Manthomary
(If outside city or town limits, write RURAL and give nearest town)	City or town Licuen Saria65 (If outside city or town limits, write RURAL end give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL end give nearest town)
8005 - EASTERN AVE.	Street No. 8005 - EASTERN AUE
Was to the street of the stree	(It furm, give Location)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
REBECCA IMBER	
4. Sex 5. Color or race 6.(a) Single, married, yidowed, or divorced	MEDICAL CERTIFICATION
Temale W. MARRIED	20. DATE OF DEATH 28 AUGUST 1947 at 10:29 Am
Of Married Michael or WIS TOSEPH IMBER	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(6) Name of husband or wife Soseph ImBER	29 MARCH 1947 1028 AUGUST 1947
	and that I last saw IRK attre on 26 August 19 47
7. Birth date of deceased (mo., day, yr.) Dec. 18, 1886	Immediate cause el death DURATION
8. AGE: Years Months Days If less than one day	General Visceral failure
64min.	
	Adena carcinoma et 10 mo.
8. Birthplace Ressia (Town, county and state)	Bue to Adena Carcinome of 10 mo.
10. Usual occupation Houseung	
19. Usuat occupation	Due 10
11. Industry or business	
E 12. Name ISAAC PODOISKY	Other conditions
13. Birthplace RUSSIA	(Include pregnancy within 8 months of death)
14. Halden name EVA Goldstein	
14. Halden name EVA Gold Stein 15. Birthplace Russia	Major findings of operations
	Date of op
18. Informant Joseph IMBER	Autopsy results
Address 8005 EASTERN AVE. SILVER SPRING MD.	
	22. VIOLENCE: tf death was due to externat causes, filt in the following:
17. ByRIA Date thereol August 31 1947 (Bnrial, eremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory national Capital Meline Cemetre	Where did Injury occur?(City or town) (Connty) (State)
Location Washing ton al. C.	Injured at home, farm, industry, public place (where?)
Location Wheeling Williams	Means of injury injury injured at work?
18. Funerat director. B. Danzansky I lan	Meets of third
Address 3501-14th It www.	23. SIGNATURALE H. Mergmon
19 aug V7 197) Josephinen (charge	23. SIGNATURE 1243 Apose 1 by Par SE M. D. or other



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CERTIFICATE OF DEATH

Rog. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Mont gonery	State Maryland county Montgomery
(If outstio city or town finite, write RURAL and give nearest town)	
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No.
The Montgomery County Geneval Hospital Luc	(If rural, give LOCATION)
How long to hospital or institution? 8 day 5	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mr. Robert Inches	577-24-1200
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male: White Married	20. DATE DE DEATH Pagust 4 1947 21 18
8.(6) Name of husband or wife Mrs. Eliquiethe Inches	21. I CENTIFY that death occurred on the date above stated; that I attended deceased from
0	July 27 1947 10 Aug - 4 1942
7. Birth date of 1000	and that last saw him alive on August 4 1942
deceased (mo., day, yr.) //44 6 1887	Immediate cause of death Arkhan DURATION
8. AGE: Years Months Days It less than one day	10 days
60 2 28hrsmia	1.
9. Birtholage Scotland	Due to Arlender Rephroclasmo ?
(Town, county, and state)	
10. Usual occupation	Due to
11. Industry or business	
12 Name Robert Exches	Other conditions Assertensive Cardin-vascladia 7 40
12. Name Robert Exches 13. Birthplace Scotland	(Include pregraphey within 3 months of death)
E ANN	(Include pregnancy within 3 months of death)
14. Malden name ANN 15. Birthplace Scotland	Major findings of operations.
	Date of op.
18. informant Hospital records	Autopsy results
Address	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
17 Burial Date thereof Euro 6, 1947	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	
Cemetery or eremetery to for authorized	Where did injury occur?
Location Saytonovillin	tnjured at home, tarm, industry, public placo (where?)
18. Funeral director Pelyan Barley	Means of Injury Injured at work?
Address Laylonaville mo.	ma'
a did did	23. SIGNATURE M. D. on other
19. Cua 4 19.47 Elephonology Factor	Andrew Sandy Spring Md Nata signed 8/4/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Diat. No. 213

County City or town (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother) State
How long in above place of death?	City or town
Imre	Street No. (If rnral, give LOCATION)
How long in hospital or institution?	2.(a) tf veleran, name war
3. (a) FULL NAME Aston A, Jackson,	3. (b) Social Security Number
4. Sex 5. Color or race 6. Color of race 6. Color of divorced 200 20	MEDICAL CERTIFICATION 20. DATE OF DEATH. AUG - 10 - 1947 at 930 4
6,(b) Name of husband or wife	21. I CERREY that death occurred on the date above stated; that I altended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw h 1991 Share - Bally - 10 - 19 9/2
8. AGE: Years Months Days If less than one day	prematine buth - 6-7 mo-conception
9. Birthpiace Sent Ca, And, (Town, county, and state)	Duc Buth might -3lle-12 3.
1D. Usual occupation.	Due to
11. todustry or business 12. Name Apton 4. Jackson	- Other conditions
13. Birthplace of Michael Harman Shipebeth I M. Yonald	(Include pregnancy within 3 months of death)
15. Birtholaco Damenville, mg.	Major findings of operations.
Elizabeth of recom	
18. Informant Drandworm My - Basile - 2	PHYSICIAN: Please underline the cause to which death should be charged statistically.
- Resid Qua 10 1947	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
(Burial, cremation, or removal. Which?)	
Cemetery or crematory SENUALL	Where did injury occur?
Location Would and I was a second and I was a secon	Injured at home, farm, industry, pubtic place (where?) Means of injury Injured at work?
18. Fueral director Liptors H. Jacks con 8.1.	Mr. M. D Mar OR May 10
Address Seneca, Md.	23. SIGHATURE MAM O M.D. or other
(Date ree'd by registrar) (B. W. L. T. Thompson	Address garthersburg Mg Bate eigned 8 -15-4

0

92.35 C. V. Hartnelf PROSTYRE 312 1947 Upton H. Jackson Jr.

You will note that the date of birth is given as October 10 instead of August 10.



WRITE

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 2/7

CHRITICA	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Manyl County Down Governor (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildwed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(6) Name of husband or wife 111111111111111111111111111111111111	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
8. AGE: Years Months Days If less than one day 9. Birthplace 11. Crown tounty, and state)	Immediate cause of death DURATION Due to Cultura relievation functions
10. Usual occupation.	Due to
12. Name Prohard Tusker 13. Birthplace Montgony 25 2000	Other conditions & flavenue age
14. Malden name Maker & Murthur Co	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Market Cuff Address Character The Cuff	Autopsy results. Date of op
(Burial, cremation, organical, Which?) Date thereof (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location M. D. J. J. Location D. J. Location M. D. L. J. L.	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director of the second of the se	Means of Injury Injured at work? 23. SIGNATURE Of ASSOCIATION OF WHITE M. D. or white M. W.

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BUREAU Y 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

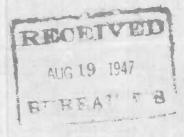
CERTIFICATE OF DEATH

Reg. Diat. No. 2/3

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland county Montgomery.	
County Montgomery		
City or town	Clan	
How long in above place of death	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No.	
None	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) It veleran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Ollie Johnson	None	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Widowed	20. DATE DF DEATH AUG 13 19.47, 21 135P	
6.(b) Name of husband or wife John T. Johnson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(b) Name of husband or wife	Jan 1947 10 12-9 10 1941	
7. Birth date of June 21. 1872	and that I last saw h = ?? alive on A = 9 US / 9 194)	
deceased (mo., day, yr.) Outle 24, 10/2	Immediais cause of death	
8. AGE: Years Months Days It less than one day		
75 120hrsmin.	Congestive heart Follows 6 Ments	
9. Birthplace Oaklon, Virginia (Town, county, and state)	Due to	
(Town, county, and state)	Myocandiol degeneraly Step 45	
10. Usual occupation	Due to	
11. Industry or business None		
E 12. Name George T. Cook	Other conditions Sevene Osteo - Bathanks -	
E 12. Name George T. Cook 13. Birthplace Virginia		
置 14. Malden name Sarah Williams	(Include pregnancy within 3 months of death)	
	Msjor fiedings of operations	
	Date of op.	
16. Informant Mrs. Ruth Pettitt	Actopsy resolts.	
Address RFD # 1 Rockville Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following:	
Burial Burial Date (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	
Cemetery or crematory Flint Hill	Whare did injury occur?	
Frinfor County Vinginia	Injured at home, farm, Industry, public place (where?)	
1011	Means of Injury Injured at work?	
18. Funeral director As Section Temp horses.	11 2 1 6	
Address Rockville, Md.	With Wehr	
11 1/14 1/2 Splanerson	23. SIGNATURE M. D. or other	
19.5 (Date rec'd by registrar) Registrar	Address Rochalle H& Date signed 5/14/47	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

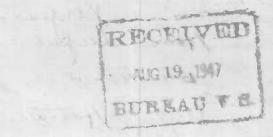
Reg. Diat. No. 213

1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give hearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
	() () () () () () () () () ()
3. (a) FULL NAME Mary Elizabeth	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION
temale Colored married	20, DATE OF DEATH QUALITY 14 19 47 at 6:8 M
1.2.60	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Namo of husband or wife.	June 15 18.4.7 10 aug 1.4 19.4.7
6.(c) If allee, give age years	0 /2 /
7. Birth date of deceased (mo., day, yr.) afril 4. 1890	
8. AGE: Years Months Days It less than one day	Immediais cause of death. Replintes 9 months
57hrsmin.	
Vihai	My ocar dites / year
9. Birthplace	0uo 10
10. Usual occupation. I take the Seed	
11. Industry or business	Duo fo
E Z	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Satsey fateker	Major fiediogs of operations
S 15. Birthplace	Date of op.
16. Informant John Z. Houses	Autopsy results
A 0 0 0 0 0 0 0	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Cian to the same	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (day) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Turney Comments of Sanks	Where did injury occur?
Rad alla Sad	Injured at home, farm, Industry, public place (where?)
Location Date of the Location	Means of injury Injured at work?
18. Funeral director Kallett La Susandland	number of injury
A Address 246 Me 11 achtereton St.	Coloris B. Colorista
O 117 Ur m. copy mid.	23. SIGNATURE. M. D. or other
(Date recid by registrar)	Address de he aton M & Date signed 8/15/47

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE



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CERTIFICA	ATE OF DEATH Reg. Diat. No. 216	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State. D. C. County. City or town. Washington (If outside city or town limits, write RURAL and give nesrest town) Street No. Army and Navy Club (If rural, give LOCATION) 2.(a) It referan, name war Spanish American & WW I	
3. (a) FULL NAME JONES, Needham Lee	3. (b) Social Security Number	
4. Sex 5. Color or race S.(a) Single, married, widowed, or divorced wildowered	MEDICAL CERTIFICATION 2D. DATE DF DEATH 31 August 19 47 212:12	
6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 71 8 24 hrs. ns. ns.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-22- 19. 46. to 8-31- 19. 41 Immediate cause of death	
16. Informant Daughter: Mrs. William R. Clark Address Star Route, Willimantie, Connecticut 17. burial (Burial, cremation, or removal, Which?) Cemetery or crematory Arlington National Location Arlington, Virginia 18. Funeral director Joseph Gawler Co.	PHYSICIAN. Places underline the cause to which death should be charged statistically	
Address 1756 Pennsylvania Ave., NW. Wash. D. 19. 8-5/ 19. 47 Wasy Class of Registrar) (Date ree'd by registrar) Registrar	SIGNATURE F. P. KREUZ, CAPT MC USN M. D. or other rar Address USNH, Bethesda, Md. Date signed	

CAINLY, WITH UNFADING INK. Supply every item of information careful especially important. Physicians: please write the causes of death clearly an

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SEP 9 1947

CERTIFICATE OF DEATH

216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomery	***
City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town)	
(If outside city or town limits, write KUKAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 day	
Hospital, Institution, or street address where death occurred:	street No. 2808 S Joyce Street
US Naval Hospital, Bethesda, Md.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME KEARNEY, Clarence Michae	el, CQM USN Ret.Inact. 3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	20 1 20 1 20 2 22 5
male W-US married	20. DATE OF DEATH
S (h) Name at husband or wite Mary Kearney	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that i attended deceased from 19 August 19 47 19 August 19 47 and that I last saw h im alive on 19 August 19 47
	in 19 August 17
7. Birth date of deceased (mo., day, yr.) June 12, 1896	and that I last saw h
	Immediate cause of death
o. Aul.	HEMORRHAGE, RIGHT 8 hour
51 2 7hrsmin.	
9. Birthplace. Washington, D. C. (Town, county, and state)	Due to HYPERTENSION, ESSENTIAL GYEA
10. Usual occupation Chief Deputy Marshal	7-0-5-004
1D. Usual occupation.	CEREBRAL ARTERIOSCLEROSIS
11. Industry or business Department of Justice	
E 12. Name Kearney, Patrick dec.	Other conditions GENERALIZED ARTERIOSCLER
13. Birthplace Washington, D. C.	(Include pregnancy within 3 months of death)
# 14. Maiden name WALKER, Ida dec.	(include pregnancy within a months of death)
	Major fiediegs of operations
\$ 15. Birthplace Scotland	Date of op.
16 informant Wife: Mrs. Mary Kearney	Actopsy results (SAME AS ABOVE)
	PHYSICIAN: Please noderline the caose to which death should be charged statistically.
Address 2808 S Joyce St., Arlington, Va.	
8 22 1.7	22. VIOLENCE: If death was due to external causes, f" in the following:
Date thereot (month) (day) (year)	Accident, suicide, or homicide
Arlington National	
Cemetery or crematory Arlington National	Where did injury occur?
Location Anlington, Va.	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury
1B. Funeral director S. H. HINES JO.	Means of thirty
Address 2901 LithSt., N.W., Wash., D.C.	700 0000
	23. SIGNATURE. D. B. BRYAN, Lt. (jg) MC USNR
8-20- 19 47 Mary Charlotte Smith	M I) or other
19. (Date rec'd by registrar) Registrer	Address USNH Bethesda, Md. Date signed 8-20-47
(Date tee a D) regionary	Man had a second and a second and a second a sec

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THE RESERVE AND ADDRESS OF THE PARTY OF THE AUG 25 1947 BUREAU V B. Yearing Sale . MILELIE · . . Levis Mary J. J. . J. . Jeroph. Sixs of 3, nernt, Leving as not of the continue will be Technical Wall

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CERTIFICATE OF DEATH

Reg. Dist. No. ..

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Many Land County Months
City or town	
How long in above place of death?	City or town
Hospital, inetitution, or etreet address where death occurred:	Street No. 9001 Yunglin > 12
9001 Georgelow- Rof	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mister Catricia Kean	ney
4. Sex 5. Color or race 6.(a) Single, married, widowed, ordivorced	MEDICAL CERTIFICATION
1) las same	
The sure of the su	20. DATE OF DEATH 19. L.Z. 21 / diec.P.
6.(8) Name of husband or wife	21. I CERTIFY that death occurred on the date above elated; that I attended deceased from
	s Lip mid. En 19 to 19
7. Birth date of	and that I last vaw halive on
deceased (mo., day, yr.) 8. AGE: Yeare Monthy Days It less than one day	Immediate couse of death
0. AUL.	ala d
	- commy veclusion and le
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation	Due to
11. Industry or business	
12. Name Rearney 13. Birthplage July	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name and Corfle 15. Birthplace Scalehold	
LOS as simples	Major findings of operations.
Are a distribute	Date of op
16. Informant	Autopsy results
Address Sether my	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Bureal Date thereof Bug 2- 195	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory Sunday of Varahalan Caustany	Where did injury occur?
Location Betherde magyland	Injured at home, farm, Industry, public place (where?)
MM Charlens Co	Meane of Injury Injured at work?
18. Funeral director	grand Brown mar.
Addrees 3072 Nu ST NW	23 SIGNATURE
10 8-2 1047 ME. Jabes	M. D. or other
(Date rec'd by registrar) Registrar	Addrese dauth Date signed 1-2-47

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			Reg. Dist. No
y.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECE	ASED:
death clearly and legibly	county Nontgomery	State Many and county Phantan 1200 1Ry	
d le	How long in above place of death? Seith or Eight years	City or town	
an	How long in above place of death?	Street No. 448 GROS URNO	1
	Suburban	Officer NO.	ION)
	How long in hospital or institution? 2 days 13 / h.v.s.	2.(a) if veteran, name war	
	3. (a) FULL NAME	3. (8) Social Security Number
	4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced		None
	4. Sex 5. Color or rack 6.(a) Single, married, widowed, or divorced Divorced	MEDICAL CERTII	FICATION , 36
		2B. DATE OF DEATH Clug 23	19.47, at ./ a N
	6.(b) Name of hueband or wife. Schm. Keisere	21. I CERTIFY that death occurred on the date above stated	
	Di VORCE S 6.(c) If alive, give age years	and that Vlast saw halive on	L 18
	deceased (mo., day, yr.) September 1, 1870	Immediate cause of death.	DURATION
	8. AGE: Yeare Months Days tf less than one day		
	- 02 / 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Carcinoma J Brea	it (left) 1/2 year
	9. Birthplace Montgo MC. (Town, spunty and state)	Due to	
	10. Usual occupation Retired Seamstress	Busha	
	11. Industry or business None	Due 10	
	量 12. Name QMOS	Dther conditions	
	\$ 13. Birthplace Montgamery Co 8nd	(Include pregnancy within 3 months o	f death)
	E 14. Maiden name Mary Cold	Major fiedings of operations	
	\$ 15. Birthpiace Montgomeny Co Md.	}	
l	16. Informant Mrs Y)elie F Vore (Yreionc)	Actopsy resolts	1 1 1 1 1
	Address 4011 Chesapeake St. N.W. Washil		
1	17. Burial (Burial, cremation, or removal, Which?) Bate thereof. Aug. 25, 1947 (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill the Accident, suicide, or homicide	
	(Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory. Mt. Zion Cemetery	Where did injury occur?(City or town)	
	Rethesda Maryland	(City or town) Thjured at home, farm, industry, public place (where?)	
	Location Tours of The Control of the	Meane of injury	Injured at work?
	The fine of the control of the contr	Frank Brone	hart M. J.
1	Address Bethesda, Maryland	23. SIGNATURE	M. D. or other
	19. (Date rec'd by registrar)	Address Jaithe Land	M. D. or other
		· MARIE AND CONTRACTOR OF THE PROPERTY OF THE	

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CERTIFICATE OF DEATH

X-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County MANU	(For newborn infants give residence of mother)
0// 0/0 0//	State County County
Cily or town (If ourside city or town limits, write RURAL and give nearest town)	City or town Spenceroule
How fong in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where deth occurred:	Street No
7 A	(If rural, pive LOCATION)
How long in hospital or fastitulion?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
my Jarak Omma	Celled no
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
done white surdance.	
for while to chow	20. DATE OF DEATH 8-20- 1547, at 9-54
B.(6) Name of husband or wife from the teller	21. I CERTIFY that death occurred on the date above stated: that I allended deceased from
	may 15- 18.447, 10 aug 20-1847
7. Birth date of a Regret 1500	and that I last saw he salive on aug 190 - 1947
deceased (mo., day, yr.) Sept a 896	Immediate cause of death.
8. AGE: Years Months Days If less than one day	Chaque husecalities 202
90 // //hrsmin.	with neplenting - "6
8. Birthplace Spencerville - montco	Due to.
(Town, county, and state)	Due to.
10. Usual occupation Celifeld minister	-
11. Industry or business Wellingdest Church	Due to
	Other conditions & Streeme age
04-	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Mary Spencer 15. Richards WANT Con Mary	Major findings of operations
15. Birthplace Mont to hid -	Date of op.
18, Informant my Edna Steckhouse	Autopsy results.
Of access the n	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Address pencerouse ma	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial Dale thereof. 8-27-9/	Accident, suicide, or homicide,
(Burial, cremation, of removal. Which?) (month) (day) (year)	
Cometery or cremental through and Comments	Where did injury occur?
Location aburlonsville mot	Injured at home, farm, Industry, public place (where?)
home of the	Means of Injury Injured at work?
19. Funeral director	120 m
Address Betheada, had	Tol orto Tunikleson
and the state of	23. SIGNATURE M. D. or other
19. Chate reckl by registrar) 19. Chate reckl by registrar)	QUELLE BANG- 1010 18/20/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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/ 112		ODICTITION.	TE OF DEATH	R		
1. PLACE OF DEA	tgomery	2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	of mother)			
Cily or town	Bethesda	(rural)	Stale D.C.	Stale D.C. County		
(If o	utside city or town li	mits, write RURAL and give nearest town)	City or town. Washington, D. C. (If outside city or town limits, write R			
Hospital, institution, or	street address where	death occurred:	Street No. 308 E. Capit			
		Bethesda, Md.	(If rural, gi	ive LOCATIO		
How long in hospital or	Institution?	5 days	2.(a) it veteran, name war			
3. (a) FULL NAMI	LANE, W	illiam Lawrence		3. (b)		
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL (CERTIF		
male	W-US	single	20. DATE OF DEATH 9 August			
& (b) Name of husband	or wife		21. I CERTIFY that death occurred on the date a	above stated;		
			5 August			
7. Birth date of deceased (mo., day, y	23	June 1891	and that I last saw him_alive on			
8. AGE: Years	1./	Days If less than one day	Bran elses	_		
56	1	16min.	Subarachus			
s. Birthplace Va.			Due to Maxillan se			
9. Birtapiace	(Town	county, and atate)				
1D. Usual occupation	Aucono	oile Mech.	Due to			
11. Industry or business						
12. Name I		thy	Dther conditions	*************		
13. Birlhplace	Ireland	N	(Include pregnancy within	3 months of		
E 14. Malden name	SULLIVA	Major findings of operations				
14. Malden name 15. Birthplace		reland				
16. Informant Sis	ter: Miss	Ella Mae Lane	Autopsy results Confirmed	d above		
Address 308	E. Capitol	St., N.E., Wash., D.C.	PHYSICIAN: Please underline the cause to			
bur	ial	8-11-17	22. VIOLENCE: If death was due to external c			
	or removal. Which?					
		con National Cemetery	Where did injury occur?(City or town			
	rlington, V	- 1 1	Injured at home, farm, Industry, public place	(where?)		
		ERS / / / K.	Means of injury	200.		
Address 517	llth St.,	S.E., Wash., D.C. man Charlotte Smith	H C. MESSERS	CHILID		
8-11	103	many Charlotte Smith	23. SIGNATURE			

Evidence for the change of MANNAND CTATE DEPARTMENT OF MEALTH

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g. Dist. No... SED: RAL and give nearest town)

Social Security Number

CATION 19. 47 at 4:15 Pm that I attended deceased from 9 August 19 47 August DURATION eath) bould be charged statistically. he following: (County) (State) jured at work?

USNH Bethesda, Md.

Registrar

M. D. or other 8-11-47

)MC) USNR

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MARYLAND STATE DEPARTMENT OF HEALTH 1610 Reg. Dist. No. 216

1.	PLACE OF BIRTH:	2.	USUAL RESIDENCE OF MOTHER:
	County Montgomery		State Washington, D. C.
by .	City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town) Street address, hospital, or institution: US Naval Hospital, Bethesda, M. Length of mother's stay in County		County City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. 3910 Tunlaw Terrace, N.W.
	Name of child LEONARD, Carolyn Ruth Sex female 6. Twin or triplet =		Date of birth 8-2-47 Hour 8:22 P M. No. of weeks pregnancy 9 months
9.	FATHER OF CHILD Full name LEONARD, Roy Harris Color W-US 10. Age at time of this birth 26 yrs. Usual occupation Navy	13.	Full maiden name HUDS CN, Mary Lois Color W-US 14. Age at time of this birth 23 yrs. Usual occupation housewife
	Other children born to mother (not including present child) (b) How many other children were born alive but are now dec	: (a)	How many children of this mother are now living?
18.	Did child die before labor? NO During labor? NO Pregnancy, complications of R.A. antibodies		Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof. (a) Fetal causes Expluse Cause in market.
19.	Labor: (a) Complications of		(b) Maternal causes Kh negative with
20.	(a) Was there an operation for delivery? (b) State all operations, if any (Yes or No) (c) Did child die before operation?	22.	I certify to the birth of this child who was born dead* on the date and hour above stated: Signature PAUL PETERSON, Capt. (MC) USN (Specify if M. D., midwife, or other)
99	During operation?	11 0 11	Address USNH Bethesda, Md. Charlotte Smith
۵0.	(a) burial (b) Date thereof 8-7-47 (Burial, cremation or removal) (C) Cemetery or crematory Arl Nat 1-Cem., Arl V.	25. 26.	(a) 8-6-47 (b) Mary Charlotte Smith (Registrar)
		20.	(To be filled out if no physician was present at delivery.)
24.	(a) Funeral director W. W. CHAMBERS (b) Address 1400 Chapin St., N.W., Wash., D.C.		The above certificate has been examined by me. Health Officer, per

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CERTIFICATE OF DEATH

	EPARTMENT OF HEALTH & U1189		
CERTIFICA	ATE OF DEATH Reg. Dist. No. 216		
1. PLACE OF DEATH: County Montgomery City or town Be thesda (rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 4 mos 16 days Hospital, Institution, or street address where death occurred: U. S. Naval Hospital, Bethesda, Md. How long in hospital or institution? 4 mos., 16 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3.(a) FULL NAME Charles Solomon LEWIS	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Male married	MEDICAL CERTIFICATION 20. DATE OF DEATH		
8. (b) Name of husband or wifeMrsCeliaLewis			
57 4 1 min. 9. Birthplace Russia (Town, county, and state) 10. Usual occupation Accountant 11. industry or business General Accounting Office 12. Name Z.e Lewis 3. Birthplace Russia, dec.	Oue to. Other conditions ?		
14. Maiden name Dorothy Davis Russia, dec. 16. Informant Wife: Mrs. Celia Lewis Address 758 6th St., SE, Washington, D. C.	22. VIOLENCE: If death was due to external causes, till in the tollowing;		
Oate thereof (month) (dny) (year) Cemetery or crematory Arlington National Cemetery Location Arlington, Virginia 18. Funeral director, W. W. Chambers	Accident, suicide, or homicide		
Address 517 11th St., SE, Washington, D. C. 19. 8-4- (Date rec'd by registrar) 19. Registrar	23. SIGNATURE Halint Habb m. D. National Naval M. D. or other Address. Medical Centre Bate signed Y Comp' Y 2		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 2.18

CLRT	Reg. Diat. No.
1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infante give residence of mother)
City or town Cedar Grove RFD (If outside city or jown limits, write RURAL and give nearest How long in above place of death? Hospital, institution, or street address where death occurred:	state. Maryland county Montgomery t town) City or town Cedar Grove RFD (If outside city or town limits, write RURAL and give nearest town) Street No. Germantown RFD
None	Street No. GET HIGHT COWIT TELL D
How long in hospital or institution?None	2.(a) It veteran, name war
3.(a) FULL NAME MARY VIRGINIA LINTHIC	UM 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divo	MEDICAL CERTIFICATION 20. DATE OF DEATH SUGUED - 20 - 1947 21/2 7
6.(b) Name of husband or wife Grover D. Linthicum 6.(c) If allve, give age 62 7. Birth date of deceased (mo., day, yr.) August 29, 1894	21. I CESTIFY that death occurred on the date above stated: that Lattended deceased from
8. AGE: Years Months Days It less than one day 52 52 11 21	Alute heart facilité 1/2 min.
9. Birthplace	Due to. Due to.
Thomas Carlisle 13. Birthplace Virginia	Other conditions
14. Malden name Catherine Williams Unknown	Major findings of operations. Date of op.
16. Informant Grover D. Linthicum Address Germantown RFD, Cedar Grov	Antopsy results
Burial Barta Date thereof August 2 (Burial, eremation, or removal, Which Bart Bapt. Ch. (Centery or crematory Center)	22 191 72. VIOLENCE: If death was due to external causee, fill in the following: (year) Accident, suicide, or homicide
Location Cedar Hill. Maryland 18. Funeral director. WM. Rauben Lumber	Injured at home, farm, Industry, public place (where?) Maana of Injury Injured at work?
Address Rockville, Maryland 19. Aug 21 1847 Almada 44	23. SIGNATURE Adjust D. Miller M. To Registrar Address gouthersburg, Mg- Bate signed 8/20/47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	TE OF DEATH Reg. Diat. No		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Montgomery City or town Gratthers burg Of outside city or town limits. (fite RURAL and give nearest town) Street No. Route 3 (If rural, give LOCATION) 2.(a) It veleran, name war. 3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH Aug. 29, 1947 1947 212: 20		
6.(b) Name of husband or wife	Immediate cause of death CAROLISM 214 (3 DURATION A PROSTATIC PROGRAMMA (4.) 3 DAYS		
9. Birthplace Exre Haute Indiana (Town, county, and atate) 10. Usual occupation House wife 11. industry or business	Due to. CAMPLICATIONS OF CHOLECTORY		
12. Name Ernest Boberg Indiana 14. Maiden name Elizabeth Baxbara Sei fort 15. Birthplace Indiana	Other conditions (Include pregnancy within 3 months of death) Major findings of operations SUB AUTELY (WIANGO GALL BLAUPER), LAM GALL STEAD, ASM SUULS Date of op. 2.5 Aug. 47		
Address R.F. D. #3, Gaithersburg, Md.	Autopsy results No. No. H. E. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, IIII in the following:		
Burial, cremation, or removal, Which?) Cemetery or crematory	Accident, suicide, or homicide		
18. Funeral director, Deb. III St. M. Mark. 400. Address 1907 M St. NW. Mark. 400. 19. 5/29 1947 Mm & Jules	23. SIGNATURE Day Garage Grand		

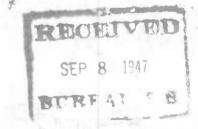
Address.

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

8/2-9 (Date rec'd by registrar)



112

CERTIFICA	TE OF DEATH Reg. Diat. No. 2		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED:		
3. (a) FULL NAME SUSIE LYTTLE	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Semale White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH Aug 3/ 14/20 po		
6.(c) If allve, give age year 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. min	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.		
10. Usual occupation (Town, county, and state) 11. Industry or business Engrey. 2 Printing	Due to		
12. Name	(Include pregnancy within 3 months of death) Major fiediogs of operations		
16. informant / Burial Address / O 2 Park OFF. 17. Qurial (Burial, cremation, or remoyal, Which) Cemetery or crematory to Wash. Mean. Country	Autopsy results PHYSICIAN: Please moderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
18. Funeral director Author Sailers Address Sept Course St. Jak P.K. D.C. 19. Sept 2 19 July On Vlod (Date red by registrar) Registry	23. SIGNATURS. 23. SIGNATURS. M. D. or other M. D. or other M. D. or other		

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cdrreams is especially important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore

CEDTICICATE OF DEATH

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CERTIFICATE				Rog. Dist. No. 210		
1. PLACE OF DEATH: County Montgomery Site and the Bethesda (rural)			State Maryland county Montgomery City or town Be the sda (If outside city or town limits, write RURAL and give nearest town) Street No. 6711 Exfair Road (If rural, give LOCATION)			
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Low San Naval Hospital, Bethesda, Maryland How long in hospital or institution? 3. (a) FULL NAME						
					3. (b) Social Security	Number
4. Ser male	5. Color or race white	6.(a)Single	, married, widowed, or divorced single	MEDICAL CERTIFICATION 13 August 14 17 at 5.		at 5:19 A
6,(b) Name of husband or wife				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		sed from
deceased (mo., day 8. AGE: Yea	yr.) 30 Oct	Days	398 tf less than one day	Immediate cause of death	5.9.	DURATION
9. Birthplace			luter alreese	9	3/2 weeks	
			Antopsy results. Antopsy results. PHYSICIAN: Please underline the cause to 22. VIOLENCE: 11 death was due to external control of the cause of the ca	which death should be charged	statistically.	
			Where did injury occur?(City or town)	(County)	(State)	
18. Funeral director Address 100	V. L. Spea 9 H St., NV	re Co. V, Washi	EAB.	Means of Injury 23. SIGNATURE PAUL R. ENGLI	tnjured at work? CDP. MC USN	or other
	County	County Montgomery City or town Bethesda (rur (If outside city or town) How long In above place of death? Hospital, institution, or street address where U. S. Naval Hospital How long In hospital or institution? 3. (a) FULL NAME MACIAS, Jos 4. Sex 5. Color or race male white 5. (b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 30 Oct 8. AGE: Years Months 18. AGE: Years Months 19. Birthplace Washington, (Town) 10. Usual occupation unknown 11. Industry or business 12. Name Joseph Macia 13. Birthplace Cuba, de 14. Maiden name Mercede 15. Birthplace Cuba, de 16. Informant Sister: Mrs Address 6711 Exfair Ro Burial (Burial, cremation, or removal, Which cemetery or crematory Arlington, Villa 18. Funeral director V. La Spece 19. Control Control Control 10. Usual Control Control 11. Industry or business Cuba, de 12. Name Joseph Macia 13. Birthplace Cuba, de 14. Maiden name Mercede 15. Birthplace Cuba, de 16. Informant Sister: Mrs Address Arlington, Vi	County Montgomery City or town Bethesda (rural) (If outside city or town limits, write Riversell and the course of death? How long in above place of death? Hospital, institution, or street address where death occurred U. S. Naval Hospital, Betheshow long in hospital or institution? 3. (a) FULL NAME MACIAS, Joseph 4. Sex 5. Color or race 5. (a) Single white 6. (b) Name of husband or wife 6. (c) 7. Birth date of 6. (c) 4. Sex Months Days 14 9. Birthplace Washington, D. C. (Town, county, and so the county, and so the county of the county, and so the county of t	1. PLACE OF DEATH: County Montgomery City or town. Bethesda (rural) (If outside sity or town limits, write RURAL and give nearest town) Mow long in above place of death? 26 days Mospital, institution, or street address where death occurred: U. S. Naval Hospital, Bethesda, Maryland. How long in hospital or institution? 3. (a) FULL NAME MACIAS, Joseph Shirley 4. Sex 5. Color or race 5. (a) Single, married, widowed, or divorced male white single 6. (b) Name of husband or wife. 5. (c) If alive, give age years 1. Birth date of deceased (mo., day, yr.) 30 October 1898 8. AGE: Years Months Days If less than one day 148 9 Birthplace Washington, D. C. (Town, county, and state) 10. Usual occupation. Unknown 11. Industry or business 12. Name. Joseph Macias Yenginia Humes 14. Maiden name. Mercedes Yznaga. 25. 15. Birthplace Cuba, dec. 26. Informant Sister: Mrs. Virginia Humes Address 6711 Exfair Rd., Bethesda, Maryland 17. Burial Date thereof. (month) (day) (year) Cemetery or crematory. Arlington National 18. Funeral director. Vs. La Speare Co. Address 1009 H St., NW, Washington Date of the county Mary Charlotte Smith Mary Charl	1. PLACE OF DEATH: County Montgomery City or town Bethesda (rural) (If ouside evity or town limits, write RURAL and give nearest town) (If ouside evity or town limits, write RURAL and give nearest town) (If ouside evity or town limits, write RURAL and give nearest town) (If ouside evity or town limits, write RURAL and give nearest town) (If ouside evity or town limits, write RURAL and give nearest town) (If ouside evity or town limits, write RURAL and give nearest town) (If ouside evity or town limits, write RURAL and give nearest town) (If ouside evity or town limits, write RURAL and give nearest town) (If ouside evity or town limits, write RURAL and give nearest town) (If ouside evity or town limits, write RURAL and give nearest town) (If ouside evity or town limits, write RURAL and give nearest town) (If ouside evity or town limits, write RURAL and give nearest town) (If ouside evity or town limits, write RURAL and give nearest town) (If ouside evity or town limits, write RURAL and give nearest town) (If ouside evity or town limits, write RURAL and give nearest town) (If ouside evity or town limits, write RURAL and give nearest town) (If ouside evity or town limits, write RURAL and give nearest town) (If ouside evity or town limits, write RURAL and give nearest town) (If ouside evity or town limits, write RURAL and give nearest town) (If ouside evity or town limits, write RURAL and give nearest town) (If ouside evity or town limits, write RURAL and give nearest town) (If ouside evity or town limits, write RURAL and give nearest town) (If ouside evity or town limits, write RURAL and give nearest town) (If ouside evity or town limits, write RURAL and give nearest town) (If ouside evity or town limits, write RURAL and give nearest town) (If ouside evity or town limits, write RURAL and give nearest town) (If ouside evity or town limits, write RURAL and give nearest town) (If ouside evity or town limits, write address, was a stable of the property or town limits, write address, was a stable or the fill out or the	PLACE OF DEATH: County Montgomery

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

			CERTIFICAT	E OI BEATH	Reg. Diat. No	***************************************
How long in above place Hospital, institution, or US Naval	Bethesda Bethesda outside city or town li of death? 17. street address where of Hospital, r institution?	(rura days dealh occurred Bethese 17 day	1) URAL and give nearest town) da, Md. /S. ay Kilreen	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n State Va. Coun Montros Cily or fown (If outside city or town limits, Street No. (If rural, give l 2.(a) If veleran, name war.	write RURAL and give near	arest town)
4. Sex	5. Color or race W—US		married, widowed, or divorced single	MEDICAL CE 20. DATE OF DEATH	ERTIFICATION ast 1947	8:25 A
6.(b) Name of husband or wife		21. I CERTIFY that death occurred on the date above 21. July 19	17 10 11 Aug	ust 19 47		
8. AGE: Years		Days 26	if less than one dayhrsmin.	Immediate cause of death		
10. Usual occupation	unknown ss	••••••	dec.	but to Hypertension by pertensive heart Due to General Lens Other conditions	changes. I failure vephritis.	
14. Maiden name Julia HARRISON dec. 15. Birthplace Va. 16. Informant Drother: Mr. Archie Middleton				(Include pregnancy within 3 m	Date of op	
Address Mont	ros, Virgi	nia Date Ther	8-15-47 (month) (day) (year)	PHYSICIAN: Please underline the cause to whi 22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	ich death should be charged ses, fill in the following: 	statistically.
Cemetery or crematory Arlington National Location Arlington, Va. 18. Funeral director, W. W. CHAMBERS Q. P				Where did injury occur? (City or town) Injured at home, farm, industry, public place (wh Means of injury		
Address 140 19. 8-12 (Date rec'd by re	O ChapinSt	mary Mary	Wash D.C. Smith Charlotte Smith Registrar	23. SIGNATURE HUGH/STEVENS, Address N. N. M. C. Be These	Jr. Et (jg) M. M.	16 (M) USA,

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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CERTIFICATE OF DEATH

og. Diat. No. 216

ODICE AT TOM	Reg. Dist. No.
1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME WILLIAM A. M	7 ILLS 3. (b) Social Security Number
4. Sex 5. Color or raca 6.(a) Single, married, widowed, or divorced MARRIED 8.(b) Name of hyeband or wife ADD MILES 8.(c) It alive, give age years	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the data above stated; that I attended deceased from 1946. In 1946.
7. Birth date of deceased (mo., day, yr.) Niay 24 - 1869 8. AGE: Years Months Days It less than one day 2	Immediate ranse of death. Conservating techniques DURATION well may raided infantion down Due to Colonery selicon yes
10. Usual occupation	uldu
14. Maiden name. 19/1/19 11/5 15. Birthplace 11/19/19 10 10 11/5 16. Informant 19 R.5. Com. 19. 11/5.	(Include pregnancy within 3 months of death) Major findings of operations
Address / R / R O S E S T C / J . (14 / M) 17. (Burisi, cremation, pr removal. Which?) Cemetery or cromatory. Date thereot. (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
18. Funeral director Jan Garden Sons Address / 75 6 Pennaue. Wash. DC	Means of Injury Injured at More) 23. SIGNATURE
19. (Date rec'd by registrat) Registrat	Address 1150 mass. S. C. Date signed lug 2).

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

SEP 8 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg.	Dist.	No.	21	8	

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1. PLACE OF DEATH: Montg Co County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
How long in hospital or institution?	2.(a) If yeleran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
ZERU ALVERDA MOUNT		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH	
B.(b) Name of husband or wife James Mount 6.(c) If alive, give age 75 7. Birth date of deceased (mo., day, yr.) Aug 25th 1873	20. DATE OF DEATH 21. I CERTAL that death occurred on the date above stated; that I attended deceased from 19. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
8 AGE: Years Months Days It less than one day 1873 73 11 18	Immediate cause of death and the surface of de	
9. Birthplace	Oue to Due to Other conditions Chaptic Scholing — 5 452 (Include pregnancy within 8 months of death) Major findings of operations	
Address Gaithersburg, Md, 17. Burial (Burial, cremation, or removal. Which?) Cemetery or crematory Damascus Cemetery (month) (day) (year) Location Damascus, Md, 18. Funeral director Ernest C Gartner Address Gaithersburg Md, 19. Address Hand Hand Hand Hand Hand Hand Hand Hand	Autepsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Mesns of injury Injured at work?	

PLEASE WRITE PLAINLY, WITH GNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

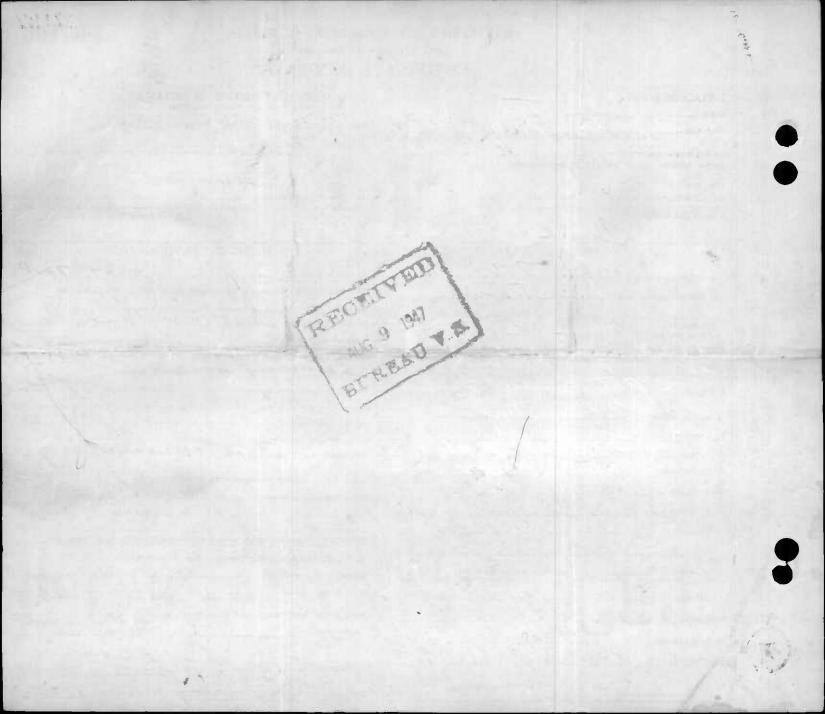
2411 N. Charles St., Baltimore

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07196 Reg. Diat. No. 212

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants pre residence of mother)
City or town (If outside city or town limits write RURAL and give wearest town)	State Manyleung, County Manuago miling,
	(If outside city or town limits, write RURAL and vive nearest town)
How long in above place of death?	(If outside city or town limits, write KURAL and give hearest town)
	Street No(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Ser 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temple Colored Transied	20, DATE DF DEATH
6.(b) Name of husband or wife Community Control of the Control of	21. I CERRIFY that death occurred on the date above stated; that I attended deceased from
	tau te
7. Birth date of deceased (mo., day, yr.) Fell 1890	and that Mast saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
37 5 17hrsmin.	Comany order
9. Birthplace	Due to
1D. Usual occupation	
	Due to
11. Industry or business	Time and and a second
13. Birtholace	Other conditions. Links See 3
el 61/1 = 2	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
El 15. Birthplace Course College Macana	Date of op
16. Informant Illandia Commanda Command	Antopsy results
Address Dickerson, Mondand	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Build Stunk All.	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal. Which?) Date thereof (months (day) (year))	Accident, suicide, or homicide
Cemetery or crematory I have the state of the first of the state of th	Where did injury occur?
Location LACOLLA DICKLISON.	Injured at home, tarm, industry, public place (where?)
Olar man H I ward	Meane of Injury Injured at work?
18. Funeral director	2.13 , 14.
Address Some Confederation of the State of t	23 SIGNATURE Trank J. Brownhand 101.00
. augh 197 Moderth relain	es are must them. M. D. or other
(Date rec'd by recristrar)	Address Little Land Bate signed 8 - 3 - 2



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

67197

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomery	1007.0
City or town	nearest town)
How long in above place of death? 1 month, 3 days	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death	1281E Cowonelle Assemble Ward
US Naval Hospital, Bethesda, Md.	Sireet No. 19019 Savanian Avenue , East. (If rurel, give LOCATION)
How long in hospital or institution? 1 month, 3 days	3 2.(a) If veteran, name war.
3. (a) FULL NAME NEMEC, Donald Richard	rd, PVT USMC 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed	d, or divorced MEDICAL CERTIFICATION
male W-US singl	e 20. DATE DE DEATH 22 August 19 47 21 12:30P.
male W-US singl	
6.(b) Name of husband or wife	21. J CERTIFY that death occurred on the date above stated; that I attended deceased from
	8-227-19 19-47, to 8-22 19-47
7. Birth date of September 22, 1929	and that I last saw h A. A. alive on 8-22 19.47
deceased (mo., day, yr.)	Immedia caose of death DURATION
8. AGE: Years Months Days If less than or	10 day Respiration Fachere 2 days
17 11 0hrs.	
9. Birthplace Ohio (Town, county, and state)	Due to
Manine Corne	
10. Usual occupation.	Due to Jaron Lumar 3mo.
11. Industry or business	(Epholymoma night
E 12 Name Charles NEMEC	Other conditions lettral ventrule
E Obia	(Menon)
Mai 10: Bittingtine	(the outer of the of death)
14. Maiden name Martha Aukschun 15. Birthpiace Germany	Major findiose of operations Elemanymous blunger
S 15. Rirthniace Germany	1 - malet lateral Date of op 18 AUG 47
16. Informanimother: Mrs. Martha Evenden	Aotopsy results
Address13815 Savanah Avenue, East Cl	eveland. Unio
burial Date thereof 8-25	22. VIOLENCE: If death was due to external causes, fill in the following:
17. burial Bale thereof 8-25 (month)	(day) (year) Accident, suicide, or homicide
Cemetery or crematory Knollwood Cemetery	Where did injury occur?
	Injured at home, farm, Industry, public place (where?)
Location Cleveland, Ohio	
18. Funeral director W. W. CHAMBERS	Means of Injury Injured at work?
Address 1400 Chapin St., N. W. Wash.	Dicard Sde N 11.0
man harlotte	23. SIGNATURE
8-22- 117 Mary Charlotte	Smith
(Date rec'd by registrar)	Registrar Addres S. N. H. Pellesda, M. d. Date signed 8-22-17

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Takona Hark	State Mary Lang County Monty merry
City or town (If outside city or town limits, write RURAL and give nearest town)	Harris British III
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
603 Flower ave	Street No. (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John Randolph Mew	man NONE
4. Sex 5. Color or Jace 6. (a) Single, Married, widowed, or divorced	MEDICAL CERTIFICATION
male while married.	2D. DATE DE DEATH Character 18 19 47 21 9 30
8. (b) Name of husband or wife Lulu Bell hewman	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
6.(c) If alive, give age 8.1yea	(lugus // 19.97, to lug / 8 19.77
7. Birth date of No. A 1867	and that Plast saw h Lon alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
80 5 3hrsmi	n. Asalad Wald Valled Valled State of Florend State of March State of State
9. Birthplace Fairful (Town, county, and state)	Due to Pulmonary Tuberalow 25 yo
(Town, county, and state)	
10. Usual occupation.	Due to
11. Industry or business Tool Juning Office	Rhanie Cumali 7
12. Name heuranne 12. Name Dairfaf, Va.	Diher conditions
	(Include pregnancy within 3 months of death)
14. Malden name annies Es Stelle;	Major findings of operations.
15. Birthalace Tairfat, ya.	Date of op.
16. Informant Mas Calhering Round duriste	Antopsy results.
Address 603 Flower are Takoma Par	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
17. Reserve Date thereof Quy 14,19x;	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory Sep. Ways Manoual Camel	(City or town) (County) (State)
Location Propose George Co. Sn. Q.	Injured at home, farm, industry, public place (where?)
18. Funeral director, Seal Funeral Home	Meens of injury Injured at work?
11412 4. 10.0 Th 1.10	6/ 11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/
Address 48/2 Sa Clue-11. W.	23. SIGNATURE PARALLE (M. D. or other
19. (Date rec'd by registrar) 19 47 Registra	0 1 = 1 100 = + 11/1 = 10.11
(Date rec'd by registrar) Registrar	AT Address

PLEASE WRITE PLAINLY, WITH CONFADING INK. Supply every item of information carefully. The cases of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED

AUG 23 1947

BURRAU V 8.

CERTIFICATE OF DEATH

a ge	2411 N. Charle	ea St., Baltimore 13/0
Mt.	CERTIFICAT	E OF DEATH Rog. Dist. No. 217
The colegibly.	1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
ion cles	How long in hospital or institution?30	2.(a) If veteran, name war
nformati of death	3. (a) FULL NAME Stanche Vicho 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
of ir	The second of th	MEDICAL CERTIFICATION
every item of information carefully ite the causes of death clearly and	8.(b) Name of husband or wifa	20. DATE OF DEATH. 21. I CENTIFY that death occurred on the data above ctated; that I attended deceased from 19 4 7 to Oring 3 19 4 7 and that I last saw help alive on Oringuist, B. 18 4 7
ADING INK. Supply eve Physicians: please write	8. AGE: Years Months Days If less than one day 60 6 / 1	Immediate cause of death
rG INK.	8. Birthpiace Monty (Town, county, and state) 10. Usual occupation.	Due to Due to
	tt. Industry or business 12. Name Walliam + Nicholson 13. Birthplace Monty on Comment	Other conditions. Chipsang Challegues 12 grad
WITH	t4. Maiden name Cakalen Loung t5. Birthplaca Montgonn CF und	Major fiadings of operations. Data of op.
NLY, cially	Address Nowood marked	Antopsy results
PLAINLY, is especially	(Burlai, cremation, or removal, Which) Dale thereof (month) (day) (yoar)	22. VIOLENCE: If death was due to external cauces, fill in the following: Accident, suicide, or homicide
WRITE	Cemetery or crematory States Location States And Control of the Co	Where did injury occur?
	18. Funeral director of the Barber	Means of injury Injured at work?
PEEASE	19. Gate rec'd by registrar) Address 19. Gate rec'd by registrar	23. SIGNATURE O LOS BOULES DE M. D. OF WHEEL PARTY PAR

MARGIN RESERVED FOR BINDING

A15 VS



4, 3. 8

48 BX MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	, , 9	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Montgomery	State D. C. County D. C.	
City or town(If outside city or town limits, write RURAL and give nearest town)		
Now long in above place of death? 3. W.K.S.a.	City or town Washington (If outside city or town limits, write RURAL and give nearest town) Street No. Shoreham Hotel, 2500 Calvert NW	
Hospital, institution, or streef address where death occurred:		
Suburban Hospital	(If rural, give LOCATION)	
Now long in hospital or Institution? 3 WKS.	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
MARY CRADDOCK PALMER	None	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Widowed	20. DATE OF DEATH 5 GLER 1947 217:57A	
8.(b) Name of husband or wife Ray Palmer	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	
6.(c) If allive, give age De C	23 July 1947 10 5 aug 1947	
7. Birth date of November 2 1863	and that last saw fer alive on 4 aug 47 19	
Deceased (mo., day, yt.)	Immediate cause of death	
8. AGE: Years Months Days If less than one day	Careminolous	
	4	
9. Birthplace Mexico, Missouri (Town, county, and atate)	Due to Corcuma f Junde ale	
10. Usual occupation Housewife	Due to	
11. Industry or business None		
12. Name Samuel Craddock 13. Birthplace Kentucky	Other conditions engesting heart pelies	
₹ 13. Birthplace Kentucky	(Include pregnancy within 3 months of death)	
# 14. Maiden name Mary Wilcox	^	
Mexico Missouri	Major findings of operations.	
14. Maiden name Mary Wilcox 15. Birthplace Mexico, Missouri 16. Informant Dr. Charles R. Halley	- Date of op,	
	Autopsy results	
Address 18 E. Bradley Lane, Bethesda, Md		
17. Burial-transit (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	22. VIOLENCE: tf deafh was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?) (month) (day) (year)		
Cemetery or crematory Oak Wood Cemetery	Where did injury occur? (City or town) (County) (State)	
Location Macon, Missouri	Injured at home, farm, Industry, public place (where?)	
18. Funeral director, Wth. Kauben Rumbhray	Means of injury injured all work?	
Address Bethesda, Maryland	Joseph W. Capel.	
	23. SIGNATURE.	
19. S. S. S. 1947 Mm & Johnson	Address 1726 Eye St. Www. Washington D. Con Signed 5 aug 41	

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, is especially VS A15



2411 N. Charles St., Baltimore

1310

CERTIFICATE OF DEATH

	Rog. Diat. No.	
1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or fown. Bethesda (rural)	State	
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? hours	City or town (If outside city or town limits, write RURAL and give nearest town)	
Hospilal, Institution, or street address where death occurred:	Street No. 822 9th Street, Northwest	
U. S. Naval Hospital, Bethesda, Maryland	(If rural, give LOCATION)	
How long in hospital or institution? 143 hours	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
(Peed) REED, Claudius Benjamin		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white married		
wate wille mailten	20. DATE OF DEATH	
5.(b) Name of husband or wife Mrs. Maude Peed	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
5.(0) Name of husband of wife	8-22- 19 47 10 8-23- 19 47	
6.(c) If allve, give ageyears	and that I last saw h im alive on 8-23-	
7. Birth date of deceased (mo., day, yr.) 5 February 1893		
	Immediate cause of death Corebral Hemorrhage DURATION	
o. Age.		
54 6 18hrsmin.		
9. Birthplace	Oue to Hypertensive Heart Disease	
10. Usual occupation unknown		
	Due toGeneralized Arteriosclerosis	
11. Industry or business		
12, Name Claudius B. Reed	Other conditions Arteriolosclerosis, Nephritic	
13. Birthplace unknown	Chronic Myocarditis, Auricular Fibrilliation (Include pregnancy within 3 months of death)	
14. Malden name unknown		
14. Maiden name unknown	Major findings ol operations.	
14. Maiden name unknown unknown		
16. Informant Wife: Mrs. Maude Peed	Antopsy results Refused by Next of Kin.	
	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address 822 9th St., NW, Washington, D. C.		
	22. VIOLENCE: If death was due to external causes, fill in the following:	
Burial (Burial, cremation, or removal, Which?) Oate thereof 8-28-17 (month) (day) (year)	Accident, sulcide, or homicide	
Cemetery or crematory. Oak Grove	Where did Injury occur? (City or town) (County) (State)	
Cemetery or crematory		
Portsmouth, V2.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director W. W. CHAMBERS CO. STAL	Means of Injury Injured at work?	
	JAN May	
Addres 517 11th St., SE, Washington, D.C.	A D DOVING TOTAL TICHE	
19. 8-23 19. 47 Mary Charlotte Smith	23. SIGNATURE O. B. BRIAN, LITUS MC USAR M. D. or other	
19. 0-23 19 47 Mary (Charlotte Smith	Address USNH, Bethesda, Md. Date signed 8-23-47	
(Date rec'd by registrar) Registrar	Address	

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correcting especially important. Physicians: please write the causes of death clearly and legibly. A/8 VS A15

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RECEIVED

AUG 29 1947

BURBAU T.S.

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PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



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CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married findowed, or divorced 6.(b) Name of husband or wife 2000 100 100 100 100 100 100 100 100 10	MEDICAL CERTIFICATION 2D. DATE OF DEATH. A G S T T T T T T T T T T T T T T T T T T
12. Name George Wilder and 12. Name George Wilder and 13. Birthplace Maryland 14. Malden name Rayland 15. Birthplace Rayland 16. Intermation of removal Which? Cemetery or crematory Wilder Location Wilder Company Company 18. Funeral director Supply Supply Company 19. Supply S	Other conditions (Include pregnancy within 8 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Whers did injury occur? (City or town) (County) (State) injured at home, farm, industry, public place (where?) Means of injury tnjured at work?

Seo & Prode

RECEIVED

AUG 21 1947

BURLAU V 3.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.,

1. PLACE OF DEATH:	(For newborn infants give residence of mother)
County Montgomery	
City or town. Ta. K. a. M. A. Pay K. (If outside city or town limits, write RURAL and give nearest town	State D.C. county City or town Washing to h
How long in above place of death? 8 775	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 3945 Conn. Ave N.W. Apt. 205
Washington Janitarium	(If rural, give LOCATION)
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
Miss May Phenix	
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white Single	20. DATE OF DEATH august 27 1547 11/2:157
	21. I CERTIFY that death occupied on the dale above stated: That I attended deceased from
6.(b) Name of husband or wife	Jan, 15 1947 10 aug. 27 1947
6.(c) If allve, give age	and that I last saw h. A. alive on aug 27 1947
7. Birth date of deceased (mo., day, yr.) June 22, 1886	
8. AGE: Years Months Days If less than one day	Immediate cause of death OURAFION
61 2 5hrs.	min.
8 Birtholace Kansas	Due to artograssentic Hurs years
9. Birthplace (Town, county, and state) (Town, entry (Refired)	A source of
10. Usual occupation School teacher (Ketired)	Due to
11. Industry or business	
= 12. Name Vinton Phenix	Other conditions Congutture Hund home
13. Birthplace Indiana	1
14. Malden name Annie Riger	(Include pregnancy within 3 months of death)
	Major findings of operations.
\$ 15. Birthplace Cumberland, Md.	Date of op.
16. Informant Ranifarium Records	Antopsy results as alique
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	91/7 22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof Caragon (Month) (day) (year	Accident, suicide, or homicide
(Burisl, cremation, or removal, Which?) (month) (day) (year	Where did Injury nears?
Cemetery or crematory	Whera did Injury occur?
Location Greeky Colorago	Injured at home, farm, Industry, public place (where?)
Alexa (Fordish)	Meens of Injury Injured at work?
18. Funeral director	
Address 54 Contral St. Tenonya Vig.	5/16: Mush Mush
1 14 NO 107 AHIMMY SI	23. SIGNATURE. M. D. or other
19. 400	the dependence only made and 8-27-47

PLAINLY, WITH UNFADING INK. Supply every item of information carefis especially important. Physicians: please write the causes of death clearly

WRITE

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MARGIN RESERVED FOR BINDING

RECEIVALD AUG 29 1947 BT FEAU F S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ...

		OBICE II E OIL	Reg. Dist. No		
1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Dathanda	7)	URAL and give nearest town)	state D. C. a. County		
(If outside city or town lim	its, write R	URAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give ne	n root town)	
How long in above place of death? 11 da Hospital, institution, or street address where do	eath occurred	:			
U. S. Naval Hospital	, Beth	esda, Maryland	Street No. 704 5th Street, Southeast (If rural, give LOCATION) 2.(a) It feleran, name war. WW I		
3. (a) FULL NAME			3. (b) Social Security	Number	
	. In un		(0)		
QUEEN, JO		, married, widowed, or divorced	MEDICAL CERTIFICATION		
11.00					
male Negro	6000	widowered	20. DATE OF DEATH 17 August 19 17	, 21 1:5	
6.(b) Name of husband or wife			21. I CERTIFY thal death occurred on the date above stated; that I attended dec	eased from	
			8-6- 19 1,7 ,10 8-17-	19	
T Dt th date of		t) If alive, give ageyears	and that I last saw h im aline on 8-17-	19	
deceased (mo., day, yr.) 15 Dec			Immediate came of death Carcinoma of	OUR	
8. AGE: Years Months	Days	it less than one day	the Bronchus with	6 m	
60 8	2	hrsmin.	metastases		
9. Birlhplace Washington, D. (Town, c). C.		Due to		
			,		
10. Usual occupation Mechani			Due to		
11. Industry or business Navy De					
Edward C	ueen		Dther conditions		
Edward C 13. Birthplace Maryland	, dec.				
	nderso	n	(Include pregnancy within 3 months of death)		
			Major findings of operations		
2 15. Birthplace Maryland	, dec.		Date of op.	40 4.	
16. Informant Daughter: Mis			Antopsy results. Concern and When ches c My PHYSICIAN: Please underline the cause to Chich death should be charged	statistically	
Address 704 5th St., S	E, Was	shington, D. C.	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Burial (Burial, cremation, or removal, Which?)	Date there	eof(month) (day) (year)	Accident, sulcide, or homicide		
. Cemetery or crematory Arlingto	II WOK	rough dens rely	Where did injury occur?(City or town) (County)		
Localion Arlington, V	irgini	2	Injured at home, farm, industry, public place (where?)		
18. Funerat director Barnes an			Means of Injury Injured at work?		
			SF Kaufman		
Address OLU Utn St., S	or, was	shington, D. C.	23. SIGNATURE S.F. KAUFWAN, LTJG MC USNR		
19 aug. 18 1947	man	x Charlotto Smith	. М. D.	or other 8-18	
(Date rec'd by registrar)		Registrar	Address USNH, Bethesda, Md. Date signed	0-10	

Street No. 704 5th Street	OCAPRON
2.(a) it veteran, name war. WW I	······································
	3. (b) Social Security Number
MEDICAL CE	RTIFICATION
20. DATE OF DEATH 17 August	19.47 all:55 A
21. I CERTIFY that death occurred on the date abov	e stated; that I attended deceased from
metadases	7- 19 47 coma of Ouration 6 moth
Due to	
,	
Due to	
Dther conditions	
(Include pregnancy within 3 m	onths of death)
Major findings of operations	
Antopsy results. L. CAGLIA CMA	Rinchus & mitestass. Chi death should be charged statistically.
22. VIOLENCE: If death was due to external cause	es, filt in the following:
Accident, suicide, or homicide	Date of
Where did injury occur?(City or town)	(County) (State)
Injured at home, farm, industry, public place (wh	ere?)
Means of Injury	Injured at work?
S.F. KAUFMAN	

correct age

information carefully of death clearly and

WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

PLAINLY, V

国 WRITI

PLEASE

AUG 25 1947
BURKAU V B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. C	Charles St., Baltimore 552
CERTIFIC	CATE OF DEATH Reg. Diat. No
1. PLACE OF DEATH: Montgomers	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City of town. (tf outside city or town limits, write RUKAL and give nearest town)	
How long in above place of death? Hospital, institution, or streel address where death occurred:	City or town (1f ontside city or town limits, write RURAL and give nearest to
How long in hospital or institution2	(If rurat, give LOCATION)
3.(a) FULL NAME	
Jou Clara Virginia	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jemole of Marries	20. DATE DE DEATH. Creaned 36 194), et F
6.(b) Name of husband or wife Maller Tandalph	21. I CERTIFY that death occurred on the pate above stated; that I attended deceased fro
T. Birth date of	years and that I last saw h ER alive on Regular 30
deceased (mo., day, yr.) Nov 2.7 / 9	and thal I last saw h. The alive on Immediate cause of death
8. AGE: Years Months Days If less than one day	immediate cause of death.
28 7 3 ms.	
9. Birthplace (Town, county, and state)	Due to Eunscistini Vansuus seenlary.
10//	
1D. Usual occupation	Due lo
11. Industry or business	
E 12. Name	Other conditions
13. Birthplace May Land	(Include pregnancy within 8 months of death)
14. Maiden name arah Chase 15. Birthplace 2M artians	Major findings of operations
X 15. Birthplace May land	Date of op.
16. Interment akah Chase	Actopsy results
Address Lathersburg hus	PHYStCIAN: Please underline the cause to which death should be charged statistic
17 Buy Date thereof Seff 21/9	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burisl, cremation, or removal, Which?) Date Ihereot (month) (day) (year	
Cemetery or crematery	Where did injury occur?
Location Monte onur Co Vil	Injured at home, farm, industry, poblic place (where?)
18. Funeral director and W Barton	Means of Injury Injured at work?
1 - 1 - 0 - 1	2 0 0 1/ 20 1/1.
Address ay town the my	23. SIGNATURE TOMAN V. Kern M. N
19. Sept 2 1949 Whatal I work	M. D. or other

19. (Date rec'd by registrar)



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PLEASE

MARYLAND	STATE	DEPARTMENT	OF	HEALTI
MARILAND	SIAIL	DELAKTMENT	UI	HEALI

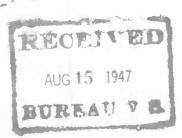
2411 N. Charles St., Baltimore

ALTH 9400

CERTIFICATE OF DEATH

07206 Reg. Diat. No. 213

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland county Montgomery			
County Montgomery City or town Rockville RFD #3 (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 24 years							
			Rock	7771770 1	3ED #3		
			City or town(If outside	de city or town limits	, write RURAL and give	nearest town)	
Rockvi	street address where	death, occurred	Marvland	Street No. / RI			
			11041 Y 11041		(If rural, give	LOCATION)	
3. (a) FULL NAME			***************************************	2.(a) It veteran, name war			
		73 * *				3. (b) Social Secur	ity Number
	. REDPA					None	
4. Sex	5. Color or race		e, married, widowed, or divorced		MEDICAL CI	ERTIFICATION	
Male	White	Ma	rried	2D, DATE DF DEATH	Augus	t 11 19 4	7 at 9 P M
6.(b) Name of husband of				21. I CERTIFY that death oc			
T Bith dake of		6.(6	e) If alive, give age 60 years	and that I last saw h		10	
deceased (mo., day, yr	Janu	ary 31	. 1879	Immediate cause of death.			
8. AGE: Years	Months	Days	If less than one day	DEP. MF	D. EXAM.	CASE	DUNATION
68	6	10		Coronary			
9, Birthptace Pe	nnsylva	nia		Due to			Suddenl
	(Town	, eounty, and a	tate)				
1D. Usual occupation	Retired			Oue to			
11. Industry or business		Name and Address of the Address of t					
				Other conditions			
3. Birthplace	Pennsyl	vania					
H 14. Maiden name	Ann Ma	rtin		(Include pregnancy within 3 months of death) Major fiedings of operations			
14. Maiden name	Pennsyl	vania		Major fiedings of operation			
			Rednath - Wife	Astopsy results N.O.			
				PHYSICIAN: Please under			
			, Maryland	22. VIOLENCE: If death w	vas due to externat cau	ses, fill in the following;	
17. Burial (Burial, cremation,	or removal. Which	Date there	eof Aug. 14, 1947 (month) (day) (year)	Accident, suicide, or homici	ide	Date ot	
				Where did Injury occur?	/Clar	(Country)	(Stata)
Cemetery or crematory Rockville Union Cemetery Location Rockville, Maryland				Injured at home, farm, Indu			
	-	-		Means of Injury	2	, injured at work?	
Tot Veneral and total			monther	6-16	/)	1. 12.1	
Address Roc	kville,	Maryl		Mul J.1	quest	ceary Sep. M	ed.Examine
8/13	47		EP Thoupson	7345	Visconsi sda, Var	Ave. no	المساوراتات
(Date rec'd by reg	8 13 19 47 2 Showpson Registrar)				sda, Kar	yland Date sig	ned 8/11/47



1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

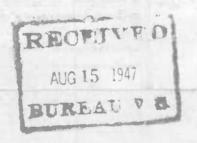
1866

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

Reg. Dist. No. 2/7

County Montgomery	(For newborn infants give residence of mother)
	State District of Cocoling mbia
City or town	
How long in above place of death?	City or town Washing to Av. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 750 FOLTMONT St. N.W.
The Mantgomery County General Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Charles Webster Rich	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Married	20. DATE OF DEATH A 40 45 + 6 19 47 , 21 11:00 A. M
8.(6) Name of husband or wife Dieginia Rich	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
\$ (a) If all we give ago 4 7.5 wases	August 2 1947, 10 August 6 1947
7. Birth date of	and that I last saw h.s. M. alive on Pary u. 2 + & 19. 4.7
deceased (mo., day, yr.) //arch 18, 1910	Immediate cause of death
8. AGE: Years Months Days If less than one day	premmany 200mi
37 4 18hrsmin.	Tamples a
7 7 7 1	. Telle The letterment 40 was
8. Birthplace (Town, county, and state)	Due to Sect Test of the transfer
10. Usual occupation Merchan +.	
	Due to
11. Industry or business	
12. Namo Charles Rich	Other conditions Infured while moving a house. The
12. Namo Charles Rich 13. Birthplace Fort Doyle, Virginia	bulden fell a both legs were eaught. (10/1/47-05.)
14. Maiden name Sallie Beasley	(Include pregnancy within 3 months of death)
14. Maiden name Sallie Beasley 15. Birthplace Sparta , Dirginia	Major lindings of operations wants of the first of the fi
15. Birthplace Sparta 1 Dirginia	10 1/2 mun fre du Date of op ST Of UT
16. Informant Hospital records.	Adoppy results Irm's Lefre i Would-
	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address	22. VIOLENCE: tf death was due to external causes, fill in the following:
17 Date thereof (month) (day) (year)	Accident, suicide, or homicide of All Child Date of S. 7.
(Burial, cremation, or removal, Which?) (month) (day) (year)	V x x x x x x x x
Cemetery or crematory	Where did Injury occur? (City or town) (County) (State)
Location	Injured at home, farm, industry, public place (where?)
18. Funeral directors 11, Tanks	Means of Injury Acceptantial Injured at work?
11139 100 111/	(hm21)
Address /4) 2 Jan 1911 1911	23. SIDNATURE AND SIDNATURE
1. (149 6 47 De trudito. La vole	M. D. or other
(Date reg a by registrar) Registrar	Address Sandy Speing Md Date signed 8/6/47
V	



2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

orrect age

PLAINLY, WITH UNFADING INK. Supply every item of information carefuits especially important. Physicians: please write the causes of death clearly and

BINDING

RESERVED FOR

Reg. Dist. No. 216

1. PLACE OF D			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town			State		
Hospilal, Institution, US Nava	or street address where L Hospital,	death occurred: Bethesda, Md.	Street No. 2610 S. Nash St. (If rural, give LOCATION)		
3. (a) FULL NAI		RICHARDSON, Howar	3. (b) Social Security Number		
4. Ser male	5. Color or race W-US	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20, DATE OF DEATH. 26 August 19, 47, 21, 7, 4		
7. Birth date of			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 22 August 19 47 and that I last saw h im alive on 26 August 19 47		
8. AGE: Yes		Days If less than one day 14hrsmln.	Immediate cause of death Congenity Goget DURATION		
	ethesda, Md.		Due to		
~ 1		Charles Wells	Dither conditions		
14. Maiden nam 15. Birthplace	Peterson,	Madeline Ceclia	(Include pregnancy within 3 months of death) Major findings of operations		
16, Intermant fat Address 2610		harles W. Richardson USA t., Arlington, Va. Bate thereof (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
	Arlington,	ton National	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)		
18. Funeral director	W. W. CHAMI 400 Chapin S	St., N. W. Wash, D.C.	Means of Injury Injured at work? PAUL PETERSON, Capt. MC USN 23. SIGNATURE M. D. or other		
19Aug	26 19 47	Mary Charlotte Smith	Address USNH Bethesda, Md. Date signed 8-26-17		

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SEP 4 - 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

112

CERTIFICA	Reg. Diat. No. L.
I. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Chrostown Rockville	state Maryland county Montgomery
ity or town Rockville (If outside city or town limits, write RURAL and give nearest town) ow long in above place of death? 22 Y.P.S.	City or town
tospital, institution, or street address where death occurred: 218 W. Montgomery Avenue	Street No. 218 W. Lontgomery Avenue
3.7	No.
	2.(a) IT veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
WALLACE ENGLEBERT RICKETTS	None
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE DF DEATH August 8 19.47 , at 6:30.
6.(b) Name of husband or wife Emma L. Ricketts	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	march 1538 to Crugat 8 194
7. Birth date of Nove 7 1862	and that I last saw h sassalive on angust 1
deceased (mo., day, yr.) Nov. 7, 1862	Immediate cause af death
o. Auc.	Conquetive heart failer 4 de
84 9 1min	
9. Birthplace Middlebrook, Maryland (Town, county, and state)	Due to Chronic Valorilar
10. Usual occupation Retired Auto Dealer	
	Due to
11. Industry or business Auto Dealer	
E 12. Name Zadoc B. Ricketts	Dther conditions
13. Birthplace Maryland	(Include pregnancy within 3 months of death)
14. Malden name Serene Amanda Bean	Majar fiadings af aperatiaos.
14. Maiden name. Serene Amanda Bean 15. Birthplace Maryland	major nacings at aperations. Date of op.
16 Informant Mirs. C. V. Hartley	Asiansy resalts
Address Rockville , Marvland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Aug 30 301	22. VIOLENCE: If death was due to external causes, flil in the following:
17. Burial Date thereof Aug. 10, 194 (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Rockville Union Cemetery	Where did injury occur?
Covation	Means of injury Injured at work?
18. Funeral director COM. Breeken Tump Tury	MINISTER STATEMENT THINGER STATEMENT
Address Rockville, Maryland	23. SIGNATURE GD Hartley M.D.
5010	23. SIGNATURE M. D. or other
19. 8 10 19.47 Course. (Date ree'd by registrar) Registrar	Address Rockville Med Date signed 8/10/4

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MARYLAND STATE DEPARTMENT OF HEALTH.

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l	N.	Charles	St.,	Baltimor	0	470

CERTIFICATE OF DEATH

216 Reg. Dist. No.

1. PLACE OF DEATH: County Montgomery City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 months, 13 days Hospital, institution, or street address where death occurred: US Naval Hospital, Bethesda, Ma How long in hospital or institution? 2 months, 13 days			Street No. French Hill Farm, Battewin Road (If rural, give LOCATION)		
3. (a) FULL NA	ROBERTS	, Ora Singleton		3. (b) Social Security No.	umber
4. Sex	5. Color or race	8.(a)Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
male	W-US	widowed	20. DATE OF DEATH 29 August	1947	9:20A
			21. I CERTIFY that death occurred on the date abo 16 June 19. and that I last saw h	ove stated; that I attended decease 47 to 29 Aug	ed from
deceased (mo., d	ау, уг.)		Immediate cause of death		DURATION
o. Mul.	Sears Months	Days If less than one day	Bronchogenic ca	rcinoma	
9. Birthplace	Penn (Town,	county, and state)	Due to		***************************************
1D. Usual occupati	on	, J ^{rg} .	Due to		***************************************
	ROBERTS, Cha	rles Wesley dec	Dther conditions		•••••
	curry, Ca	rry dec.	(Include pregnancy within 3 r		
2 15. Birthplace	Pa	•		Date of op	
16 Informani da	uther: Mrs.	Mary Anderson	confirmed above		
AddressFrei	removal	m, Bladwin Road, York To	Accident, suicide, or homicide	Date of	
			Where did injury occur?(City or town)		
	Nev		Injured at home, farm, Industry, public place (where?)		
18. Funeral direct		BERS JULO,	Means of Injury andrew M. W.	injured at work?	
Address 1400 Chapin St., N. W., Wash., D.C.			23. SIGNATUREA . M. MARGILETH, Lt. JG MC USNR		
19. 0-	29 1947	Mary Charlotte Smith	USNH Bethesda, Md.	Bala slaved a	8-29-47

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SEP 9 1947
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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF I	DEATH:			2. USUAL RESIDENCE (HOME) OF D (For newborn infants give residence of moti		
City or town Bethesda (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Lumos 11days				State D.C. County		
			RURAL and give nearest town)	Washington		
How long in above pl	ace of death? LIMOS	lldays		(If outside city or town limits, write RURAL and give nearest town) Street No. 3848 Porter St., N. W.		
Hospital, Institution,	or street address where	death occurre	ed:			
USNH, NN	MC, Bethesda	1,14,	Maryland	(If rural, give LOC		./
How long in hospita	or Institution? 4 mc	s 11 c	lays	2.(a) If veteral, name war. WW1	***************************************	
3. (a) FULL NA					3. (b) Social Security	Number
		- DOGI	220		or (o) bucher became,	· · · · · · · · · · · · · · · · · · ·
	ge Washingto		IRS			
4. Sex	5. Color or race			MEDICAL CER	TIFICATION	
Male	White	Ma	arried	20. DATE OF DEATH 9 August	19.47	. 19255 P
6.(b) Name of husba	and or wite Mrs	rene l	Rogers	21. I CERTIFY that death occurred on the dale above st 28 March 1947	lated; That I attended decea	ased from
		6.	(c) tf alive, give ageyears	and that I tast saw himalive on9	Anguet	10 117
7. Birth date of	y, yr.) August	8. 189	91	Immediate caose of death		
	ears Months	Days	It less than one day			
o. Adl.		-		Esophagus with Metastase	ł.S	o mos.
56	0-	1	hrsmin.			
a Bluthalana Go	onnecticut			Oue to		***************************************
S. Birinpiace	(Town	county, and	state)			
10. Usual occupation	Attorney	r 		Due to		
	ness US Go			W. G. C.	***************************************	
					***************************************	***************************************
		ers		Diher conditions		
13. 8irthplace	Ireland			(Include pregnancy within 3 mont	the of death)	
H 14 Maiden na	Margaret I	Drysda]	Le	Major fiedings of operations Gastrostomy		omoi nome
EO IV. Mandell III	T 7 1			Major fiedings of operations UAS. LLUS. LUM	of seared of	ar.Ginoma
≥ 15. 8irthplace	Treland			at Esophago-Cardiac end	Date of op15.	April 47
16. Interment	Wife: Mrs.	Irene	Rogers	Autopsy results none		
			Washington, D.C.	PHYSICIAN: Please onderline the cause to which	death should be charged	statistically.
				22. VIOLENCE: It death was due to external causes,	flil in the following:	
17 Buri	ial	Date The	reof 8-13-47 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crem	matory Arling	ton Nat	tional Cemetery	Where did Injury occur?(City or town)		
Localion Ar	lington, Vi	ginia		Injured at home, farm, Industry, public place (where		
18. Funeral directo	W. W. Char	nbers (10. P.J.K.	Means of Injury	tnjured al work?	
		MINT	Washington D C	23. SIGNATURE Seymon Fr	100 Kanh	nay.
		mar	n Charlotte Smith	23. SIGNATURE	M D.	or other
19. 8-10-		Mar	W cuarrocce sur cu	Address USNH, NNMC, Bethesd	a Md au d	8-10-17
(Date rec'd by	y registrar)		Registrar	Address USNH NNML Detnesd	a	D=TU=T1

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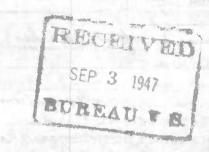
2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH 2 SFP 8

1. PLACE OK OFATH: tymely	2. USUAL RESIDENCE (HOME) OF DECEASED: (For peyporn infants give residence of mother) State
Cily or town. Takona Zark (If outside city or town limits, write RURAL and give nearest town)	La Hala
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
100 Balt. Avenue.	Streel No(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MARY L. SANDERS	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. W. Wiclowel	20. DATE OF BEATH aug 3/ 1947, at 4:10p M
6.(b) Name of husband or wife Welliam & austlins	21. I CERTIFY that death occurred of the date above stated; that I altended decessed from 19
7. Birth date of	and that I last saw h. Ad. alive on Que 31 19 47.
deceased (mo., day, yr.) Mas 21, 1855	Immediate cause of death Conga Suna DURATION
8. AGE: Years Months Days tf less than one day	Hearit a show 2 wh
92 /8/2/	
9. Birthplace	Due to Orterior clears. 1590
1D. Usual occupation	Due 10
11. Industry or business	Hypoproteinema 3mo?
12. Name Strong Somt Dement	Open xic avering
14. Maiden name that thrown Mary & Trees. 15. Birthplace on frott Charles To Med.	(Include pregnancy within 8 months of desth) Major findings of operations.
\$ 15. Birthplace onfrott Charles Ned.	Dats of op.
16. Informani Endliggy J., Slowyl:	Autopsy results
Address 100 Ballimone and Tallon	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Burial Date thereof August 31 194	Accident, suicide, or homicide
Cemetery or crematory St. Joseph's Cemetery	Where did injury occur?
Location Pomfert, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director Alles Tolegan, Lang.	Meane of Injury Injured at work?
Address 317 Penna. Ave. S.M. W. W V.	James E. nolan m.D
8/21 1 Chan Dall	23. SIGNATURE M. D. or other
19. (Date regul by registrar)	Address 1150 Com au had signed 8/31/47

Wash DC



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2411 N. Charles St., Baltimore

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07215

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF D				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	5	
County Montgomery						
City or town				State D.C County		
				(if outside city or town limits, write RURAL and a	give nearest town)	
				street No. 4521 36th St., N.W.		
US Naval Hospital, Bethesda, Md.			a. Md.	(If rural, give LOCATION)		
			1 day	2.(a) If veteran, name war. WWI & 2	V	
3. (a) FULL NAI	ME			3. (b) Social Security Number		
	SAUNI	DERS, N	orman Louis, Cdr.	HC USN Ret.Inact.	ALC: THE	
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATIO	N	
male	W-US	10	arried	20. DATE OF DEATH 26 August 19.	47 10:07P	
6.(b) Name of husbar	Mrs.	Hazel	W. Saunders	21. I CERTIFY that death occurred on the date above stated; that I attend		
B.(O) Name of musual				26 August 19 47, to 26	August 19 47	
7. Birth date of	_) If alive, give ageyears	and that I last saw h im alive on 26 August	1947	
deceased (mo., day	11.7117	ecember		Immediate cause of death	OURATION	
8. AGE: Yes		Days	If less than one day	MYOCARDIAL INFARCTI	ON SHRI.	
60	8	15	hrsmin.			
9. Birthplace	Michigan			Due to CORONARY ARTERY	***************************************	
9. Birthplace		county, and a		SCLEROSIS		
1D. Usual occupation	Reti	red Na	XX	Due to CENERALIZED ARTERIO		
1t. Industry or busin	229			SCLEROSISI HYPERTEN		
		iers	dac	Other conditions RUPTURED PAPILLAR		
13. Birthplace Michigan						
14. Malden name Sarah Ball dec 15. Birthplace Michigan				(Include pregnancy within 3 months of death)		
				Major findings of operations		
E 15. Birthplace	Michi	gan		Date of o	D	
to Intermed Will	Ce: Mrs. Ha	zel W.	Saunders	Antapsy results. AS A BOVE		
			,Wash.,D.C.	PHYSICIAN: Please underline the cause to which death should be o	harged statistically.	
				22. VIOLENCE: if death was due to external causes, fill in the following	ζ;	
17. bur	on, or removal. Which?	Dale there	month) (day) (year)	Accident, suicide, or homicide	of	
(Burial, cremati	alory Arlingto	on Nati	onal	Where did injury occur?	••••	
Cemetery or crem	atory				(State)	
Location	Arlington,	/8.		Injured at home, farm, Industry, public place (where?)		
40 Emeral disaster	Deal Funer	ral Hom	e Enfaster	Means of Injury Injured at wo	1k?	
				g. w. Warright	weic usivic	
		W Vering	N.W. Wash. D.C.	23. SIGNATURE T. E. JARRETT, Cdr. MC	USN	
8-27	19.47	Mary	harlotte Smith	HSNH Bethesda. Md.	M. D. of other	
13				HOWN DEDITORNA MAN	1	

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AUG 29 1947

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Oate signed.

MARYLAND STATE DEPARTMENT OF HEALTH 9400

2411 N. Charles St., Baltimore

UAL RESIDENCE (HOME) OF DECEASED: For newborn infants give residence of mother) Maryland County Montgomery town.Kensington (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) veteran, name war NO 3. (b) Social Security Number None MEDICAL CERTIFICATION FOR OBERTH S 20 4 19 19 19 19 19 19 19 19 19 19 19 19 19
MEDICAL CERTIFICATION E OF OEATH. RTIFY that death occurred on the date above stated; that I attended deceased from to \$1.20 \(\) 19. It last saw h. [] alive on \$1.5 \(\) 19.
MEDICAL CERTIFICATION 19 . 301 RTIFY that death occurred on the date above stated; that I all inded deceased from to \$1.20 \tag{19}. 11 last saw h. []. alive on \$1.5 \tag{7}.
E OF OEATH. S 20 4 1 19 9', 30f RTIFY that death occurred on the date above stated; that I all indeed deceased from 10 8 20 4 19 It last saw h i
6 4 7 10 8 20 4 19 11 12st saw h i
Coronary Oce win , Acute + H.
Include pregnancy within 3 months of death)
iodings of operations
results
DENCE: If death was due to external causes, fill in the following; I, suicide, or homicide
f C

NHTH UNFADING INK. Supply every item of important. Physicians: please write the causes

WRITE

PLEASE

(Date regid by registrar)

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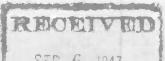
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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

Reg. Dist. Nov

CERTIFICATE OF DE	' Δ	TH
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2. PLACE OF DEATH: County Many Brooksville	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
City or town	City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
MARY ALICE SCHO	3.(b) Social Security Number	
4. Sex 5. Color or race White 5. ngle 7. ngle	MEDICAL CERTIFICATION 20. DATE DE DEATH. August 30 1947 21 9:40	A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from October 1946 10 August 30 10 47 21 and that I last saw h. C. August 20 10 47	7
8. AGE: Years Months Days If less than one day 89 488 0 24hrsmin.	Immediate cause of death DURATION Acute covenary occlusion	
9, Birthplace	Due to Generalized Arterisselerosis years	
to. Usual occupation	Due to Senility years	******
12. Name record.	Other conditions	
14. Maiden name record	(Include pregnancy within 3 months of death) Major findings of operatious.	
16. Informant Montgoney County Welfre Board.	Date of op.	
(Burial, cremation, or removal Which2) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Location Manual Control Contro	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	
Address of sonstille my	23. SIGNATURE Richard a Jate In. D. or other	
19. (Date rec'd by registrar)	Address (2FO# 3 Rockville) Date signed \$ 30/47	



SFP 6 1947

BY TILAU * B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

CERT	IFICATE OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH: City or town	City or town	COME) OF DECEASED: residence of mother) County Man Amely Man and give nearest town) Man Amely Man Amely Man and give nearest town)
John. Bely log Should		3. (b) Social Security Number
1. Sex 5. Colofor race 6.(a) Single, married, widowed, or d		oical certification
6.(b) Name of husband or wife	21. I CERTIFY that death occurred of	on the date above stated; that I attended deceased from
8. AGE: Years Months Days If less than one day	Immediate cause of death	
9. Birthplace	Due to Due to	siatility. falsy 6/2 to prefusing.
12. Name Baltimore , &	2.0	
14. Maiden name Hellen Magill 15. Birthplace Bultomane	(Include pregnar	ney within 3 months of death) Date of op.
Address Silver Spring Md.		e cause to which death should he charged statistically.
Burial, cremation, or removal, Which?) Dale thereof Aug 23 (month) (day	y) (year) Accident, suicide, or homicide	to external causes, fill in the following: Oate of
Cometery or crematory NEW CATHEDRAL Location BALTIMORE MD.	(C	ity or town) (County) (State)
18. Funeral director Warner E. Rumphrey Address 8434 GEORGIA AVE, SivER Springer	Means of Injury NG- MO. 23. SIGNATURE	Injured at work?
19. (Date rec'd by registrar)	Registrar Address 1801 - 18	M. V. W Date signed aug 21, 4.

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WRITE

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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0	Dan	Dist	No	85	-

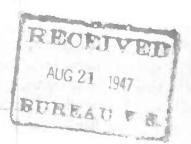
/			CERTIFICA	IE OF DEATH Reg. Dist. No. R.	
1. PLACE OF DEA	TH: Montgom	ery		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town(1f ou	Bethesc tside city or town f death?	la (rura limits, write Ri even da	L) JEAL and give nearest town) Y.S.	State Virginia county Arlington City or town (If outside city or town limits, write RURAL and give new Street No. 1903 North Quebec Street (If rural, give LOCATION)	areat town)
How long in hospital or t	Institution?7	days	**************************************	2.(a) It veteran, name war.	
3. (a) FULL NAME SHREVE.	Lewis El	lsworth		3. (b) Social Security	Number
4. Sex male	5. Color or race White	6.(a)Single	married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE DF DEATH. ALIG 15 1947	, 10:40 J
A. The second of	7 1		hreveyear	21. I CERTIFY that death occurred on the date above etated; that I attended dece 8-8- 19.4.7 to 8-15- and that I last eaw h. i.M. alive on 8-15- Immediate cause of death.	19.47
8. AGE: Yeare 57	Monthe	Days 8	tf less than one day	Uremia	1.110;
9. Birthplace Vir			hrsmin	Due to the pertusure Heart	2 whs.
1D. Usual occupation	unknown	1	ete)	Due 10. Reval failure - chronic	6 455
11. Industry or business H 12. Name		Shreve		Differ conditions a cidoris; hypogramiem (Include pregnancy within 3 months of death)	10 yrs
14. Malden name W 15. Birthplace		4	C., dec.	(Include pregnancy within 3 months of death) Majur findings of operations. Months of death) Majur findings of operations. Months of death)	
	North Qu	lebec St	hreve ., Arlington, Va 8-19-47 (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Location Arl	ington, I	Virginia	tional	Where did injury occur?	(State)
	Wilson E	Blvd. A	rlington Victorial Charlotte Smith	W23. SIGNATURE Hugh Stevens	or other 2-16-47

Registrar

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible.

WRITE

MARGIN RESERVED FOR BINDING



CERTIFICATE OF DEATH

07217 Reg. Dist. No. 2/2

V	
City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	State State County County
Hospital, Institution, or street address where death occurred:	Street No.
Ham E	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Dane V Simlande	more -
4. Sex 5. Color or race 6. La Single, married, widowed, or divorced Female While Married	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH
8.(b) Name of husband or wife. Charles To Singale. 8.(c) If alive, give age 49 year	19 10 19 10 10 19
7. Birth date of deceased (mo., day, yr.) act 27, 1879	and that I last saw h
8. AGE: Years Months Days If less than one day 14min	. Cutal accident , day
9. Birthpiace Balliman (Town, county and state) 10. Usual occupation Kausellijk	Due to generally of artimoschrosis
11. Industry or business 12. Name William Fest	Other conditions.
14. Maiden name May lady	(Include pregnancy within 3 months of death) Major findings of operations
El 15. Birthplace May radd.	Date of op.
16. Interment Chal & Segapant	Autopsy results
17 Burial Date thereol 8-16-47	22. VIOLENCE: If dealh was due to external causes, fill in the following:
(Burial, eremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Commetery or crematory of all all and a literature and a	(City or town) (County) (Scale) Injured at home, farm, Industry, public place (where?)
18. Funeral director. Wm. B. Killon.	Mesns of injury Injured at work?
Address Barnesville, Md.	23. SIGNATURE, Some Selection of the sound of the selection of the selecti
19. aug. 14 19.47 Mrs. C.C. 24ell	114/4/ San signed 8/14/4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Address USNH Bethesda, Md. Date signed 8-7-47

CERTIFICATE OF DEATH Reg. Diat. No. 216 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) PLACE OF DEATH: County Montgomery Bethesda (rural) Washington (If outside city or town limits, write RURAL and give nearest town) City or town.... (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.. Mospital, Institution, or street address where death occurred: 17hl S Street. N. W. US Naval Hospital, Bethesda, Md. (If rural, give LOCATION) How long in hospital or institution? 2 days 3. (a) FULL NAME 3. (b) Social Security Number SMITH. John Tabb 5. Color or race 8.(a) Single, married, widowed, or divorced 4 Ser MEDICAL CERTIFICATION 6 August male Col-US married 21. I CERTIFY that death occurred on the date above stated: That I attended deceased from 6.(b) Name of husband or wife Lottie B. Smith 4 Aug. 19 47 10 6 Aug. 19 47 and that I last saw h imalive on 6 August 7. Right date of November 13, 1892 deceased (mo., day, yr.) Days If less than one day 8. AGE: 23 9. Birlhplace Washington, D. C. (Town, county, and state) unknown 1D. Usual occupation...... 11. Industry or business 12. Name Smith, Daniel Va. Other conditions Dialettes mellites Tolular Pneumonia. 14. Maiden name TABB, Bell Major findings of operations..... E 15. Birthplace Va. wife: Mrs. Lottie B. Smith Autopsy results confirmed above PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 1741 S Street, N. W., Wash., D.C. 22. VIOLENCE: It death was due to external causes, fill in the following: Date thereol. (mg/th) (day) (year) burial (Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... Where did injury occur?(City or town) Cemetery or crematory Arlington National (County) Location Arlington, Va. Injured at home, farm, Industry, public place (where?) 18. Funeral director. W. Ernest Jarvis Means of lojury 23. SIGNATURE Jesse R. WILSON, Jr., Lt. (jg)MC USNR Address 1432 U St., N.W., Wash, I

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(Date rec'd by registrar,

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 7/4

1. PLACE OF DEATH The same of	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(Fee newborn infants give residence of mother)
City or town (1f outside city or town baits, write RURAL and give nearest town)	State Day County Don't gt
1 's it was	City or town
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
mospital institution of street authors where accurate	Street No.
	(if rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Mahlon Seycengas	3. (b) Social Security Number 2/2-14-5724
4. Sex 5. Color or race b.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
0 11- 1 1	MEDICAL CERTIFICATION
The single	20. DATE DF DEATH 37 2 3 19 47 at 7 A M
6.(6) Name of husband or wife	21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from
	[e//] 19.67 to 2/23/ 19.67
7. Birth date of S.(c) if alive, give age years	and that I last saw h Anna alive on S.J. G.J.
deceased (mo., day, yr.) 3 / 267 / 8 9 2	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	6 5 6 7 1 2 1 1 1 1 1 1 1 1 1 1
55 3 23min.	Saul Saul January 7 Mars
J. 14 50 m 500 m	The most of the
9. Birthplace (Town, county, and state)	Due jo.
1D. Usual occupation	Due to
11. Industry or business	
E 12. Name Death Smith	Dther conditions
13. Birthplace	
# Flores And 187	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations.
∑ 15. Birthplace	Dato of op.
16, Informant Mass & Chine Tlusse	Antopsy results.
The Transfer of the American State of the Am	PHYSICIAN: Flease underline the eanse tn which death should be charged statistically.
Address / Many Many	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (Burial, eremation, or removal. Which?) (Burial, eremation, or removal. Which?)	Accident, suicide, or homicide
Fairles Charles (2)	
Cemetery or oremature and a company of the company	Where did injury occur?
Location Layfull Thappland	Injured at home, farm, industry, public place (where?)
Marner & Yam shreet	Means of Injury Injured at work?
18. Funeral director	1 1 1
Address Selver Letting, Ma	as constant PONS .
(1. 1.2.4 V2 (2.1.6.) Sl. 11	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	ANDTESS A SULLE DE Bata signed 19 3/Ch

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg. Dist. No.	7

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CERTIFICAT	TE OF DEATH
City or fown	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME PAUL SM	17/h 3. (b) Social Security Number
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced NEGRO	MEDICAL CERTIFICATION 20. DATE OF OEATH. AUGUST 19.47, 21.4:34%
8. (b) Name of husband or wife	21. I CERTIFY that death occurred no fhe date above stated; that I attended deceased from 19
9. Birthpiace Company and atates	Due to PULMONARY TUBERCULOSIS ?
10. Usual occupation 11. industry or business E 12. Name 13. Birthplace	Oue to
14. Maiden name 2000 15. Birthplace 16. intermant 18.1. Maiden name 2000 16. Address 2000 16. Maiden name 2000 16. Intermant 18.1. Maiden name 2000 16. Intermant 200	Major findings of operations
17. Bull December of Committee	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director. A. M. S. S. John Address 19.8/19/ 19.47 E. Ball Officia	23. SIGNATURE SCHOOL CHASE DR M. D. of other Address About Chase DR M. D. of other Address About Chase DR M. D. of other 147



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

eg. Dist. No. 223

1. PLACE OF DEATH nonte omean	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County City or town Japonia Dark	State Mr. County formgowers
(If outside city or town limits, write RURAL and give nearest town)	City or town Saboma Turk
How long in above place of death?	(If outside city entown limits, write RUNAL suffgive nearest town)
7330 Cliny Branch Wood	Street No.
How long in hospital or institution?	2.(a) If vetegan, name war Sanish American Star.
3. (a) FULL NAME	3. (b) Social Security Number
Jahry & Den	ee .
4. Sex 5. Color or rase 8.(a) Single, married, wild well, or divorced	MEDICAL CERTIFICATION
MI Marrier	20. DATE OF DEATH Q 20 19 47 21 9:35 N
6,(b) Name of husband or wife STA . T. Exerce .	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	and 19.47 to 19.
7. Birth date of This 10, 188	and that I last say halive on
deceased (mu., day, yr.)	Immediate cause uf death
6. AGE.	Correspond 1/26
6/ 0 3 1 0hrs.	min.
9. Birthpiace (Town, county, and state)	Due to Culture selection delifity
T. T. M. W.	
ID. OSBET OCCUPENDIA	Due to
11. Industry or business	
E 12. Name This Frence	Other conditions
13. Birthplace Fallenhore / //	(Include pregnancy within 8 months of death)
14. Malden name	Majur findings of operations
14. Malden name 14. Malden name 15. Birthblace M Last Russon	Date of op.
1/42 Con A . Jonesoc	Autupsy results.
722 D. BA. 11 P. 1	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
Address / 26 - Fenery Mana Man	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or reproval) Which?) (Burial, cremation, or reproval) Which?)	Accident, suicide, or homicide
Cemetery or crematory Missing Tou Later Malo Deans	Where did Injury occur?
The state of the s	(nimed at home tarm inductes nublic place (where?)
Location Maldely Maldely Market State Control of the Control of th	Means of injury Injured at work?
18. Funeral director	000
Address 1754 Over 10 186	1 STORATURE STATE SIONATURE SUD,
Cura 21 .42 Attom Not	GILLS W. M. D. or other
(Date rec'd by registrar) Regist	trar Address Date signed 8 12 / 4.2

Permiss to sign this Certificate was given by Dr. Broschart, Caroner. 2 Blille RECEIVE AUG 23 1947

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2411 N. Charles St., Baltimore

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1	. 7		

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CERTIFICATE OF DEATH

og. Dist. No. 3/6

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Thou towery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant) give residence of mother) State
(If outside city or town maits, write RUBAL and give nearest town) How long in above place of death?	City or town (1f outside city or town inwest write pural and pive nearest town)
Hospital, Institution, or street address where death occurred:	Street No
3. (a) FULL NAME	1
Mrs- anna Maria Stru	3. (b) Social Security Number
7. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 19. 4.7. at 2:20Pm
8, (6) Name of husband or wife	21. 1 CERTIFY that death occurred on the date above stated: that I attended deceased from 19.47 to august 4 19.47
7. Birth date of deceased (mo., day, yr.)	and that I last fraw h. C.A. alive on August 19.7. Impurgulate cause of death DURATION
8. AGE: Years Months Days Piess than one day 79 Months Days Piess than one day min.	Gulmonary Thrombus and
9. Birthplace	Onterios cleross
11. Industry or business	Due to
E 12. Name Blymard Thields	Other conditions.
14. Maiden name	(Include pregnancy within 3 months of death) Major findings of operations
¥ 15. Birthplace Sermany	Date of op.
18. Informant LUIT STAMME NOW	Antopsy results
Address Same 8/1/1/2	22. VIOLENCE: If death was due to external causes, fill in the following;
17	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director.	Duits Alt ma
Address 400 Chapen St. N. Wash De	23. SIGNATURE AS CHOIN CHOSE DR M. D. or other
19. (Date rec'd by registrar)	Address Jane Jane Signed 8 44

WITH UNFADING INK. Supply every item of information carefully. The correct as important. Physicians: please write the causes of death clearly and legibly.

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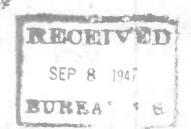


CERTIFICAT	E OF DEATH Reg. Dist. No. 2/6
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants kive residence of mother) State County Day Grand County Limits write RURAL and give nearest town) Street No. 4300 (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Mrs - auna G, Jaint	3. (b) Social Security Number
4. Sax 5. Color or race 8. (a) Single, massive, without or divorced 1. Strik date of deceased (mo. day, yr.) 8. AGE: Years Morths Days Wess than oos day 9. Birthplace	MEDICAL CERTIFICATION 20. DATE OF DEATH
Cemetery or crematory Cedar Hill Crematory Location Washington, D. C. 18. Funeral director N. Heuden Rumbiness Address Bethesda 14, Maryland 19. 9/ 1947 7 7m S John Registrar	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Mesans of injury tnjured at work? 23. SIGNATURE M. D. or other Address Subcuba 1656 field (Lug 3 o'y)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully 'I'ne correct is especially important. Physicians: please write the causes of death clearly and legibly.

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1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

(77225 Reg. Dist. No. 223 -

County. City or town. The Koma Park Marky Must. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Fronths 15 days Hospital, institution, or street address where death occurred: How long in hospital or institution? 6 Manifest 20 days	State County City or town W45k 1M9 TON (If outside city or town limits, write RURAL and give nearest town) Street No. 5/27 VH 5T NW. W45h D-C. (If rural, give LOCATION)
3.(a) FULL NAME Samuel G. Taylo	3. (b) Social Security Number
4. Sex 5. Color or racc 6.(a) Single, married, widowed, or divorced Make White HARRied	MEDICAL CERTIFICATION 20. DATE OF DEATH OUTPUT DESCRIPTION 19. 4.7. 21. 5.50
6.(b) Name of husband or wife MRS Melba K. Taylor Dec 31 1896 6.(c) If alive, give age 31 years 7. Birth date of deceased (mo., day, yr.) March 3 1879	21. The RTIFY that death occurred on the date above stated; that attended deceased from New 4 1947 and that I last saw h. J. 772. alive on 8 2 4 4 7 19 Immediate cause of death.
8. AGE: Years Months Days It less than one day 68 6 21hrsmin.	Brekest Thomposis: 8/Nos
9. Birthplace. THMES PORT, MISSOURI (Town, county, and state) 10. Usual occupation. Ment Merchant (Retired) 11. Industry or business 12. Name. Tohn P. Thylor.	Due to
13. Birthplace VIRGINIA 14. Malden name. MAZY SIY h 15. Birthplace O410	(Include pregnancy within 3 months of death) Major fiadings of operations
16. Informant MRS MolbA K TAYloR Address 5/27 5th 3t NW WASh. D.C 17. Burial, cremation, or removal. Which) Date thereof Aug. (month) (day) (year)	Autopsy results
Location 4000 Suithand Ray S. E.	Where did injury occur?
18. Funeral director. The S.H. Hives Co Address 2901 1475 5+ N.W. 19. (Date regulary pregistrar) Registrar	23. SIGNATURE ROMAND BOUND M. D. or other Address 8252 Color Delias Jan 100 Sale Signed 8-24-47.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

216 Reg. Diat. No....

/					
1. PLACE OF DEAT	H:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)	
County Montgo	mery		***************************************	North Dekete	
City or town Beth	ide city or town	ral)	RURAL and give nearest town)	State County County	*****************************
How long in above place of	death? 3	6 hours	3	Cily or town	ve nearest town)
Hospital, institution, or str	eet address where	death occurre	d:		
			esda, Maryland	Street No. (If rural, give LOCATION)	A
How long in hospital or ins	titulion?	36 hou	rs	2.(a) If veteran, name war. WW II	V
3. (a) FULL NAME					. W 1
				3. (b) Social Sec	urity Number
TENBORG,		s Ger	ald		7.31
4. Sex 5	. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION	V
Male	White		single	20. DATE OF DEATH 31 AUGUST 19.	47 46:202
				21. I CERTIFY that death occurred on the date above stated: that I attende	
6.(b) Name of husband or					
		6.	(c) If alive, give ageyears	Dep med Exam case	19
T. Birth date of deceased (mo., day, yr.)	26 S	entemb	er 1927	and that Viast saw halive on	19
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	DURATION
19		5			
19	11)			12 day
9. Birthplace NO	rth Dako	ta		Due to Compound fracture of lef	+
				Zemma y left titia & Zibil	re 2 days
10. Usual occupation	U. S. N.	avy		Bue to (secidental)	
11. Industry or business				Due 10	
当 12. Name Gera	ld Tenho	Y CT			***************************************
				Other conditions	**********
13. Birthplace				(Include pregnancy within 3 months of death)	
14. Maiden name	Esther H	ellum		Major fiedings of operations.	
15 Richalace	Norway				
13. Bittiplace	0 - 11	70	3-	Date of op.	
16. Informant	2. NavaT	Recor	ds	Actorsy results	
Address		+1.			
removal		Polo Do	0 2 1.7	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or	removal, Which?	. Date the	reof	Accident, suicide, or homicide	4.47
Compters or cramaters	TOTAL STREET			Where did injury occur? (City or town) (County)	ma
				Injured at home, farm, Industry, public place (where?)	
			akota		
18. Funeral director. W	. W. Cha	mbers	Co. Vm3.	Maans of Injury Street fy and Injured at work	
			NW, Washington, D.	G. Frend J. Broschau	+ m.n.
Address 4400 0	Lapan OU.	(///	and Alecas ath Suit	Was assured to the Contract of	W. D. or other
9-1-47	19	Ma	ry charlotte Smith		-
(Date rec'd by regist	trar)	*****	Registrar	Address Jastherhang In & Data s	igned 9-1-47

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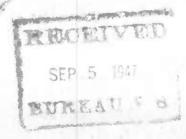
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NK. Supply every item of information carefully. The cared is: please write the causes of death clearly and legibly.

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MARGIN KE	is especially important Physician
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		2411 N. Charl	les St., Baltimore 4801	(11666)
		CERTIFICAT	TE OF DEATH	Reg. Diat. No. 414
	ontgomer	ing mits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of state Waryland co City or town Silver Spri	Montgomery
8816 F	Sireet address where	death occurred:	Street No. 8816 Flower	Ave.
3. (a) FULL NAM			A.C.) It reteran, name was	
J. (6) 1 OBB 1471112		ESTER		3. (b) Social Security Number
4. Sex female	5. Color or race White	6.(a)Single, married, widowed, or divorced Married	MEDICAL C	ERTIFICATION 31 47 10:45A
7. Birth date of		n	21. I CERTIFY that death occurred on to date abo	ove stated; that I attended deceased from
8. AGE: Years		19th. 1889 Days If less than one day 12 hrsmin.	Immediate cause of death	ad tailine OURATION 3.4 hr
		O. Va county, and state)	Que to Channe and	Pervy 5 yrs.
11. Industry or busines	s		000 10	19
12. NameH	enry Davi	Ls.	Other conditions	
ar I	Betsy I	Davis	(Include pregnancy within 3	
	N. C.			Date of op
16. Informant Mr	John W.	Tester	Autopsy results	
Address 8816	Flower A	ve. Silver Spg.	22. VIOLENCE: If death was due to external can	
	a.1., or removal, Which?)		Accident, suicide, or homicide	Date of
		incoln	Where did injury occur?(City or town) Injured at home, farm, industry, public place (w	
		ges Co Md.	Means of injury	tnjured at work?
	wan sani		C + 1	() 62)
	lver Spri	1 1 1	23. SIGNATURE TEAUR	M. D. or other
19. (Date rec'd by re	gistrar) 19.4.7.	freghine in ochaeffer	Address 8248 Ga Hue S	School String, mg. 9-2-47



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CERTIFICATE OF DEATH

			2411 N. Char	les St., Baltimore 16 4	C (1004
/			CERTIFICA	TE OF DEATH	Reg. Diat. No. 223
County			CURAL and give nearest town)	City or town Takoma I (If outside eity or town Street No. 19 Boyd At	ence of mother) County Montgomery Park In limits, write RURAL and give nearest town)
					ai, give LOCATION)
3. (a) FULL NAME	Striution 7			2.(u) it reteran, name wal	3. (b) Social Security Number
	JAM	ES A.	THOMAS		578-32-2836
4. Ssr sale	White		e, married, widowed, or divorced		L CERTIFICATION 28 19×7 at 3:1
			c) If alive, give ageyear	and that I but saw h	dats above stated; that I attended deceased from 19
8. AGE: Years 53	Months 4	Days 29	If less than one dayhrsmin		die to the
10. Usual occupation	Clerk		Gen'i Hospita	Que to	Duride)
			S	Other conditions (Include pregnancy w	
14. Maiden name	Katie E Wash.		Ly	Major fiadings of operations	
16. Informant Mrs.			Fowler Md.	Aatopsy results	se to which death should be charged statistically.
Buria (Burial, eremation, or	removal, Whieh?	Oate ther	eot Aug. 30th 19	22. VIOLENCE: If death was due to extend the suicide, or homicide	ernal causes, till in the following: Oate of S. 25. 2 The following (County) (State)
Location Fore	est Gle	n, Md	Sunfalury		clace (where?)
Address Silv	29 ₁₉ 47	ing.	Tom Wall	23. SIGNATURE Jack 9.	Broschart M.D. or other

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Rog. Dist. No. 2

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomery	State County County
City or town	
How long in above place of death?	City or town (If outside city or town fimits, write RURAL and give nearest town)
How long in above place of death?	Sireet No. R 17 D 4
nospital and an analysis of the second secon	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
	3. (b) Social Security Number
3. (a) FULL NAME	5. (0) Social Security Number
Litted he I from DSOD	
4. Sex 5. Color or race 6.(α) Single. married, widowed, or divorced	MEDICAL CERTIFICATION
I W Simple	20. DATE DE DEATH. CLASSICOLO 19 47 at 10 4 M
- 0111918	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(b) Name of husband or wife	21.1 CERTIFY that death occurred on the date above stated, that I alternate decease from 2 19.47.
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
S. Aut.	Primative & Many
hrsmin.	
9. Birthplace 13 OC/SVI/16 MG	Due to.
9. Birinplate	
10. Usual occupation	Due to
11. Industry or business	
= 12 Name > 0700 05 N / ho70 /2077	Diher conditions
12. Name 0772 05 1 DO772 DO773 DO773 13. Birthplace 77074 0714	
K	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
\$ 15. Birthplage Mary ard	Dale of op.
16. Informant A ames W Thomas Bon	Autopsy results
1 R - Will I Mad	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Address JOCA VIII 4	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) [Burial, cremation, or removal, Which?]	Accident, suicide, or homicide
Bathadish	Where did injury occur?
Cemetery or crematory	
Location 1/10/4 eTSO77, 777.	Injured at home, farm, industry, public place (where?)
CO. 100 1 R 12:00=	Meens of Injury Injured at work?
18. Funeral director.	
Address Carnesule mo	23. SIGNATURE Many Structure
1. C. 19 47 Chy 1.19 Onke	M. D. or other
(Date rec'd by registrar) Registrar	Address Date Signed 7/1/

AUG 13 1947
BUREAU * 8

2411 N. Charles St., Baltimore

528

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CERTIFICATE OF DEATH

S Reg. Dist. No. 216

			CERTIFICA	Reg. Diat. No.	
City or fown. Beth (1f or How long in above place of Hospital, institution, or 6924 Fai	omery esda utside city or town li of death? 30 street address where or fax Roa Institution? No.	mits, write F YKS.*death occurred	URAL and give nearest town)	Street No. 3130 Wisconsin Avenue	t town)
JOHN F	. TINSMA	N		140-07-8570	
4. Sex Male	5. Color or race White	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 1947.21	100
6.(b) Name of husband of husband of husband of deceased (mo., day, yr			Tinsman c) If alive, give age 370 ye	21. I CERTIFY that death occurred on the date above stated: that I attended deceased Sept 19.43 to accurate and that I last saw h.e.m. alive on accurate 3 2 1947	from
8. AGE: Years 70	Months 3	Days 25	if less than one day	Immediate sque us death	2 year
10. Usual occupation f1. Industry or business f2. Name	Retired lliam H. Unknown	Sales	man man	Other conditions	
Address Bet 17. Cremat (Buriot, cremator, Cemetery or cremator Location Was 18. Funeral director.	. Ruth T hesda, M ion or removal Which?) . Cedar shington	Date ther Hill , D. (Crematory Rumphy	Autupsy results	isticsNy.
0/11	19.4.7.	6	m & John	1150 Connecticut of IN	ther 13-194

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully. Whe important. Physicians: please write the causes of death clearly and legible.

VS A15 9-4

PLEASE WRITE



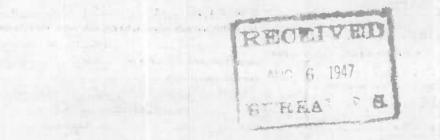
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore					
CERTIFICAT	TE OF DEATH Reg. Dist. No. 714				
I. PLACE OF DEATH: County Montgomery City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town) How long In above place of death? Hospital, Institution, or street address where death occurred: 902 Bonifant St., How long In hospital or institution? 3. (a) FULL NAME JOHN FRANKLIN TROUPE	State Mary Land County Montegomery City or town Silver Spring (If outside city or town ilmits, write RURAL and give nearest town) Street No. 902 Bonifant St., (If rural, give LOCATION)				
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced married	MEDICAL CERTIFICATION 2D. DATE DF DEATH				
7. Birth date of deceased (mo., day, yr.) Feb. 18th. 1876 8. AGE: Years Months Days If less than one day 71 5 16	and that I last saw h malire on and 19. Immediate cause of death DURATI Chronic Nigelagenous / y Due to				
tD. Usual occupation Lt. of Guards 11. Industry or business Fed'l Deposit Ins. Corp. 12. Name John Franklin Troupe, Sr. 13. Birthplace Penna.	Due to Other conditions				
14. Malden name. Caroline Cheyne 15. Sirthplace Penna. 16. Informant Mrs. Emily Hey Troupe	Major findings of operations. Date of op.				
Address 902 Bonifant St. Silver Spring. 17. Burial (Burial, cremation, or removal, Which?) Cemetery **X*X*X******************************	Where did injury occur?				
16. Funeral director Carrer & bumphrey- Address Silver Spring, Md. 18. Gara y 19 17 Josephine of Scharff Registration	Mesns of injury Injured at work? 23. SIDNATURE When E. Guerer W. D. or other M. D. or othe				

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	atog: Dist: 100 mmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm
1. PLACE OF DEATH: County Marlenous	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Bety Long Makeson	3. (b) Social Security Number
4. Sex 5. Color ograce s.(a) Single, married, wisowed, or divorced Wales while surger	MEDICAL CERTIFICATION 20. DATE OF DEATH MALE And Annual Congression 3 8 1982
8.(b) Name of husband or wife Zuskurum	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Austrolom 6.(c) if alive, give ageyears	and that I last saw halive on
8. AGE: Years Months Days It less than one day Gont 7 ms gestation min. 9. Sirthplace (Town, county, and state)	Sound rapid manufatu
10. Usual occupation	Due to Mean Dinserof, my
12. Name	Dither conditions.
14. Maiden name	(Include pregnancy within 8 months of death) Major findings of operatioss.
16. Informant De Hospital 116	Antopsy results
Address 17. CCCCCC (Burial, cremation, or removal, Which?) Date thereof. (month) (day) (rear)	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Court House Engellag	Where did injury occur?
18. Funeral director	Msans of injury injured at work?
Address Parthurbung	23. SIGNATURE Frank J. Shorehard M. O. M. D. or other
(Date regd by registrar) 18 T J L Surada C Registrar	Address Laushenghang my Date signed 8-30-47

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

WRITE

PLEASE

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BUREAU V.S.

DURATION Dermunit

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	ATE OF DEATH Reg. Diat. No. 223
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State District of Columbia County City or town Washington DC (If outsidestry or town limits, write RURAL and give nearest town street No. 1365 Columbia Road (If rural, give LOCATION) 2.(a) If veteran, name war.
WAUGH, Miss Pearl	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Single	MEDICAL CERTIFICATION 20. DATE DE DEATH. August 12 1947 21 6
5.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) May 7 18 7/ 8. AGE: Years Months Days if less than one day 5 hrs. ml 9. Birthplace Lipton, County, and atate) 10. Usual occupation. Plano. Leacher 11. Industry or business 12. Name. Dan. Waugh 13. Birthplace Indiana 14. Malden name. Alice Elizabeth Grave 15. Birthplace Ohio	and that I last saw h. e.c. alive on August 11 Immedia, canage death 2001 Evaphageal Vasces Henorologe 2001
16. Informant Records - Washington, Sanitarium and Hospital Address 760 Carroll Avenue, Takoma Park, Maryland. 17. Businell (Burial, cremation, or removal, Which?) Cemetery or crematory. The Location Typical (month) (day) (year) 18. Funeral director The 3H: Hines (month) (day) (year) Address 901 14 Th 3t N.W. Marylandton	Antopay results

MARGIN RESERVED FOR BINDING

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07235

Reg. Diet. No. 216

1. PLACE OF DEATH:	Montgomery	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
	sda	State Maryland county Montgomery		
(If outside o	sda city or town limits, write RURAL and give nearest town)	City or town Silver Sprin		
	1?	(If outside city or town limits,	write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred: Suburban Hospital		70		
3. (a) FULL NAME		1800 100	3. (b) Social Security Number	
	JOHN JOSEPH WEISMAN		none	
4. Sex 5. Col	or or race 6.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
male wi	hite married	6 and	1847 18:554	
		20. DATE DE DEATH		
6.(b) Name M DESCRIE wife.	Mary Agnes	21. I CERTIFY that death occurred on the date above	. /	
	6.(c) If alive, give ageyears	4	6 10 6 19 4 2	
7. Birth date of	March 6th. 1891	and that I last aaw hat am alive on	19.4	
	Anoths Days If less than one day	Immediate cause of death	DURATION	
0. 1.62.		Cardiae Deinipe	nestin 2000.	
56	5 0min.	1		
9. Birthplace Wash	ington, D. C.	Due to aunular Fil	rullation 2 mo	
	(Town, county, and state)	artenoseleron	s, Generaly ?	
10. Usual occupation Re	staurant owner	Buato	1/	
11. Industry or business				
≝ 12 Name John	E. Weisman	Dither conditions of parlens	in 7.	
	rmany	0/		
	ellie O'Kiefe	(Include pregnancy within 3 me	onths of death)	
14. Maiden name		Major findings of operations		
≥ 15. Birthplace	Ireland		Date of op	
16 Informant Mr.	Jack Weiseman	Autopsy results		
		PHYSICIAN: Please underline the cause to which		
	lver Spring, Md.	22. VIOLENCE: If death was due to external cause	es, fill in the following;	
Burial (Burial, cremation, or rem	Date thereof 8-9-1947 (month) (dny) (year)	Accident, suicide, or homicide	Date of	
	St. Johns			
1 4	0	Where did injury occur?(City or town)	(County) (State)	
Location Forest	Glen, Monto. Co. Md.	Injured at home, farm, industry, public place (whe	re?)	
18. Funeral directo. Lac.	mer damphey	Maena of Injury	tnjured at work?	
Address Silver	Spring, Md.	23. SIGNATURE William	s end, m.	
8/9	1947 Mm E Sober	1	O. l. of the M. D. or other	
(Date rec'd by registrar)	Registrar	Address 9006 Colemble Rd	Date signed	

PLEASE WRITE



			BIRTH			
DUL	ABILLA	COURT A CENTER	EXPERIMENTAL PROPERTY.	OF THE	A W PROW	-

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2167

TIFICATE OF STRIKE BIRTH Reg. Dist. N

1.	PLACE OF BIRTH:	2. USUAL RESIDENCE OF MOTHER:
	County Montgomery	State District of Columbia
*	City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town) Street address, hospital, or institution: U. S. NAVAL HOSPITAL, Bethesda, Md.	County City or town Washington (If outside city or town limits, write RURAL and give nearest town) Street No. 1211 2th Street, Northwest
	Length of mother's stay in County. 1 day (How many years, or months, or days. SPECIFY WHICH)	(If RURAL give LOCATION)
	Name of child Baby Boy WELSH Sex Male 6. Twin or triplet no	4. Date of birth 2 August 19 47 Hour 3:03 P M. 7. No. of weeks pregnancy 36
	FATHER OF CHILD	MOTHER OF CHILD
	Full name Charles Robert WELSH	12. Full maiden name Eleanor Lee ANDREWS
9.	Color White 10. Age at time of this birth 23 yrs.	13. Color White 14. Age at time of this birth 18 yrs.
11.	Usual occupation U.S. Marine Corps	15. Usual occupation Housewife
16.	Other children born to mother (not including present child)	/ > **
		: (a) How many children of this mother are now living? O
17. 18.	(b) How many other children were born alive but are now de Did child die before labor? NO. During labor? NO Pregnancy, complications of No. Labor: (a) Complications of Frank free!	
17. 18.	(b) How many other children were born alive but are now de Did child die before labor? MO. During labor? MO. Pregnancy, complications of MO.	21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof. (a) Fetal causes (b) Maternal causes 22. I certify to the birth of this child who was born dead* on the date and neur approximately.
17. 18.	(b) How many other children were born alive but are now deep labor? W. During labor? W. Pregnancy, complications of W. Labor: (a) Complications of Frank Meek (b) Induced? No. (a) Was there an operation for delivery? W. (Yes or No) (b) State all operations, if any. (Yes or No) (c) Did child die before operation?	21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof. (a) Fetal causes
17. 18. 19.	(b) How many other children were born alive but are now deep labor? W. During labor? W. Pregnancy, complications of W. Labor: (a) Complications of Frank Meek (b) Induced? No. (a) Was there an operation for delivery? W. (Yes or No) (b) State all operations, if any. (Yes or No) During operation?	21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof. (a) Fetal causes (b) Maternal causes (b) Maternal causes 22. I certify to the birth of this chird who was born dead* on the date and hour above stated. Signature (Specify if M. D., midwife, or other) Address V. S. NAVA: STILL Ecthesia, M.
17. 18. 19.	(b) How many other children were born alive but are now deep decided by the decid	21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof. (a) Fetal causes
17. 18. 19. 20.	(b) How many other children were born alive but are now deep labor? W. During labor? W. Pregnancy, complications of W. Labor: (a) Complications of Frank Meek (b) Induced? No. (a) Was there an operation for delivery? W. (Yes or No) (b) State all operations, if any. (Yes or No) During operation?	21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof. (a) Fetal causes (b) Maternal causes 22. I certify to the birth of this end who was born dead* on the date and hour above stated. Signature (b) PAUL PETERSON, Capt. (MC) USN (Specify if M. D., midwife, or other) Address. NAVA (STILL Estingula, M.) 25. (a) (Date rec'd by registrar) (b) Mary Charles and Smith (Date rec'd by registrar) 26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.



35.11

MARY LAND

(If outside city or fown limits, write RURAL and give nesrest town)

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) PLACE OF DEATH: Montgo MERY /rek Springs (If outside city of town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: How long in hospital or institution?.. 3. (a) FULL NAME 6.(a) Single, married, widowed, or divorced 4. Sex FEMA/E .(c) If alive, give age ... 7. Birth date of deceased (mo., day, yr) If less than one day 8. AGE: 1D. Usual occupation. 11. Industry or business JACOB FRECH 13. Birthplace

18. Interment WAITER FRECH

Luth eRAN

Address 4625

WENZ

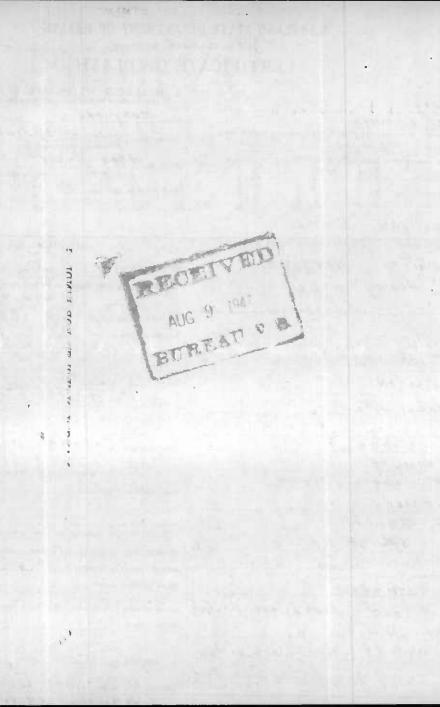
County, Long Island, NewYork

2.(a) If veteran, name war		
	3. (b) Social Security Nu	mber
MEDICAL	CERTIFICATION	
O' BULL OF BENTHAMMEN	quest 7 19.47 1	
21. I CERTIFY that death occurred on the date	19.45 10 augus	from 7 19 47
and that I last saw h. exc. alive on	Jugust 7	19.4.7
the transfer death	0	DURATION
Ocult card	iac faelure	אורמ 30
Due to Dissecting Control		80 min
Other conditions Coronary Severalized dr	Heart Disease Terios Clurosio	10 yrs 20 yrs
Major fiadiugs of operations		
Autopsy results		
22. VIOLENCE: If death was due to external	causes, fill in the following:	
Accident, suicide, or homicide		
Where did injury occur?(City or tow	vn) (County)	(State)
Injured at home, farm, industry, public place	(where?)	
Msans of injury	Injured at work?	

Washing Ton, D.C.

PLEASE WRITE P

UNFADING INK. Supply every item of information ant. Physicians: please write the causes of death clearry



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

Reg. Diat. No....

1. PLACE OF DEATH: County Multy mens	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State Md. County Migray	
(If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
4004 East-West Highway	Street No. 4004 Chery Chare Wed -	
Now long in hospital or institution? Nan.e.	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
ALICE OLMSTED WHITE	No	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Widowed	20. DATE OF DEATH Rugust 1 1947 of 7 2 A M	
8.(6) Name of husband or wife. Charles. Allen White.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of	and that I last saw her alive on I august 1847	
deceased (mo., day, yr.) July 7, 1865	Immediate cause of death Cold from DURATION	
8. AGE: Years Months Days If less than one day	Immediate Carse of death.	
82 0 24hrsmin.		
9. Birthplace Tarrytown, New York (Towu, county, and state)	Due to	
10. Usual occupation Housewife		
	Due to	
11. Industry or business NON e		
E 12. Name Charles Olmsted, Sr. 13. Birthplace Tarrytown, N. Y.	Other conditions	
Dochool C Delan	(Include pregnancy within 3 months of death)	
14. Maiden name Racheal S. Baker	Major findings of operations	
14. Malden name Racheal S. Baker 15. Birthplace Tarrytown, N. Y.		
16. Informant Allen O. White	Autopsy results	
Address 4004 East-West Hgwy. Chevy Chase		
17. Burial Date thereof 8/3/47 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cemetery or crematory Woodlawn Cemetery		
	Where did injury occur?	
Location Wellsely, Massachusetts	Injured at home, farm, Industry, public place (where?)	
18. Funeral director. W. M. Laudier. Teamphiles.	Means of Injury Injured at work?	
Address Bethesda, Maryland	23, SIGNATURE My Vu Bri Bales	
19. 8/2 19.4.7 9m Elles (Date rec'd by registrar)	1861 Wydonging Nor M. D. or other- Address Transla Date signed Jang 47	



411	N.	Charles	St.	Baltimore
	440	CAMOUNT	- Los	Delcillote

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			les St., Baltimore /24.h		
/ .		CERTIFICA.	TE OF DEATH	Reg. Dist. No	21
1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME)	OF DECEASED:	
County MONTG-ON	1ERY		(For newborn Infants give residence of		
City or town 3 DUVA	L DRIVE W	ESTMORELAND HILLS	State MI A 17 Y L A IY D Co		1
How long in above place of death?	6 Mo's		City or town (If outside city or town limit	ts, write RURAL and give nearest	town
Hospital, Institution, or street add	iress where death occurre	d:	Street No. 3 DUVALL		
SAME AS	ABOLE	***************************************		LOCATION)	
How long in hospital or institution	1?	***************************************	2.(a) If veteran, name war	***************************************	
3. (a) FULL NAME				3. (b) Social Security Num	nber
WILLIAM	CHARLE	S WHITE			
4. Sex 5. Color		e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
MALE WHI	TE W	IDOWED .		HUST 19 47 , at	4.
14-111					
6.(b) Name of husband or wife	YIAILY CA	INCETED M VY M / 1 E	21. I CERTIFY that death occurred on the date ab		
7. Birth date of		c) If alive, give ageyears	and that I last saw hI.Mgalive on	AUGUST	.K 1
deceased (mo., day, yr.)	EPT. 3.R	0 1874	Immediate cause of death		DUR
o. Adb.	nths Days	if less than one day	CEREBRAL VASCO		931
72	11 7	hrs min.			
9. Birthplace	(Town, county, and	ANADA		IDSCLEROSIS	**********
	(Town, county, and	state)	1		
1D. Usual occupation	ACICIA	(<u>Y</u>	Dua fo	****	
11. Industry or business		1		••••	
12. Name	ES VY H	175	Other conditions ARTERIOSCLER	OTK HEART	
13. Birthplace	CAN	IADA	OISEASE; HEPATIC.	CIRRHOSIS	
14. Malden name DOC	ROTHY J	MAC LEOD			
15. Birthpiace	CAN	ADA	Major findings of operations		
4 4	LUCH T. I	MICOLSON	Autopsy resufts.		********
10, 11101	•	1	PHYSICIAN: Pfease underline the cause to w		stically
Address 3 Du		RIVE, MO.	22. VIOLENCE: If death was due to external ca	uses, fill in the following:	
(Burlal, eremation, or remov	A Date there	eof A U (12 -1947 (month) (day) (year)	Accident, suicide, or homicide	Date of	
	DAR HIL		Where did Injury occur?(City or town)		
		MARYKAND	(City or town) Injured at home, farm, Industry, public place (w	(County) (St	tate)
Location		3	Injured at nome, tarm, industry, public place (w	Injured at work?	
18. Funeral director	epp T	Duch Don	Automis of Injury	injured at work?	
Address 36341	em sto	1. W. hast. DC	2496	Ba. m 10	
8/-0	117 5	m = 0.1.	23. SIGNATURE	M. D. or ot	her
(Date reeld by registrar)	19/	Registrar	1725-N ST: NI	W. Date signed 100	140

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17. 17. 17

RESERVED FOR BINDING

MARGIN

VS A15

PLAINLY, is especially

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartea St., Battimore

CERTIFICATE OF DEATH

Reg. Diat. No. 216

	Reg. Diat. No.		
1. PLACE OF DEATH: county Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Bethesda (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 34 Years	State Marvland county Montgomery City or town Bethesda (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred: 7712 Wisconsin Avenue How tong in hospital or institution? None	Street No. 7712 Wisconsin Avenue (If rural, give LOCATION) 2.(a) ti eteran, name war. None		
3.(a) FULL NAME	3. (b) Social Security Number		
ADA AILES WILSON	Non e		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widowed	20. DATE OF DEATH 8-10 1947 21 7:139		
6.(6) Name of husband or wife Hugh L. Wilson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yi.) October 7, 1871	and that I last saw h 21 alive on 8-10 19 47		
8. AGE: Years Months Oays If less than one day	Immediate cause of death DURATION Brancho prieumonia I Lac		
9. 8irthplace Sidney, Ohio (Town, county, and atate)	Due to Chronic authitis 15 yrs		
1D. Usual occupation	Due to generalized arteriosobrosis 15 yr		
12. Name Hezekiah S. Ailes 13. Strthplace Salem, W. Virginia	Other conditions		
14. Malden name Jane Elliott	(Include pregnancy within 3 months of death) Major findings of operations		
16. Informant Mrs. L. W. Snyder (daughter)	Antapsy results		
17. Cremation Oate thereof Alg. 12. 1947 (Burlal, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, IIII in the following: Accident, suicide, or homicide		
Cemetery or crematory Cedar Hill Cemetery Location Suitland, Marvland	Where did injury occur?		
18. Funeral director, W.T. Renden Pumphouse	Means of Injury Injured at work?		
Address Bethesda, Maryland	Hell Carter mo		
19. Clary (Date registrar) 19. 47. Mr. E. John Registrar	Address 1835 Eye St W M. D. or other Oate signed 8-10-5		



VS A15

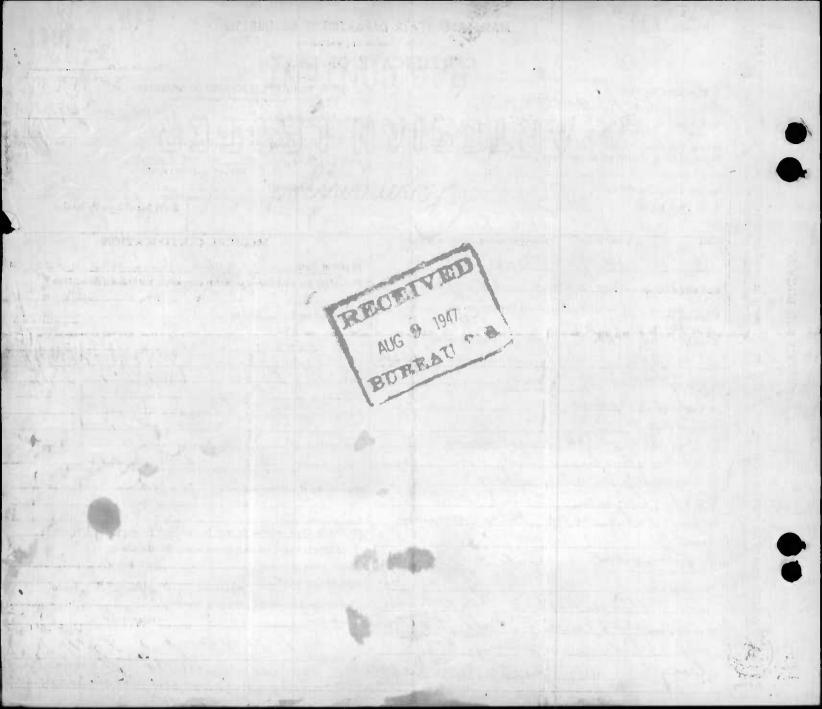
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn ipfants give residence of mother) State City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 553 (If rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME Julian RANdoLPh Wise	3. (b) Social Security Number
4. Ses 5. Color or raco 6.(a) Single, married, widowed, ar diversed W Magainal	MEDICAL CERTIFICATION PRONOUNCED 20. DATE OF DEATH. Augusta 10.47 11.3:05 A.M.
B.(b) Name of husband or wife. Allies Strapes. 5.(c) If allve, give age yesrs	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days If loss than one dayhrsmin.	Immediate cause of death DURATION CORONARY HIRRT DISCASE Acute
9. Birthpiace Treslerch Carting (Town, county, and state) 10. Usual occupation Trucks	Due 10. Due 10
12. Namo Ronglack truster 13. Birthplace Slipher City Va.	(Include pregnancy within 3 months of death) Major findings ol operations.
16. Informani Kandolph Wijecowa	Actupsy results
17. (Burnal, overmetion, or removal, Whieb?) Bate thorson (morfin) (day) (year)	Accident, suicide, or homicide
Complete or cromatory Location Wegiches to Vingtime	Whore did injury occur?
18. Funoral director. Glacus & July Many, ma	Means of Injury injured at work? 23. SIGNATURE Soldet E. Solder M. D. or other 4828 Chevy Chase R M. D. or other
(Date recei by registrar) Redistrar	Address Date signed & Date signed &



PLEASE WRITE

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MARILAND	DIAIL	DEPARTMENT	UL	DEALID

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 2/8

1. PLACE OF DEATH: Montg Co, County. Boyds, Md, (Rural) Cily or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 489.78 Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3.(a) FULL NAME	3. (b) Social Security Number		
Clifford Welty Wright 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION 2D. DATE OF DEATH Aug 18th 1947 21 74		
6.(b) Name of husband or wife Dora C Wright 6.(c) It allive, give age 46 7. Birth date of Section 12.0000	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4.6 10		
deceased (mo., day, yr.) May 29th 1899 8. AGE: Years Months Days If less than one day 1899 48 2 29 min.	Immediate cause of death DURATION		
Boyds, Md, 9. Birthplace	Due to		
12. Name Charles F. Wright 13. Birthplace Va,	Diher conditions (Include pregnancy within 3 months of death)		
14. Maiden name Lula Wright Va,	(Include pregnancy within 3 months of death) Major findings of operations		
16. Informant Claud C Wright Address Boyds. Md,	Antopsy results		
17Burial Burial Bale thereot 8/20/47 (Burial, cremation, or removal, Which?) Dale thereot (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemelery or crematory Clarksburg Cemetery Clarksburg Md,	Where did injury occur?		
18. Funeral director Ernest C, Gartner Address Gaithersburg Md, 19. Quantum 19. (Dato rec's/by registrer) Registrar	Meens of Injury tnjured at work? 23. SIGNATURE		

